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THE FUNCTIONAL MEANING OF THE SOUL IN THE CHRISTIAN TRADITION

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Man has both surface and depth. He cannot be analyzed and forced into a mold. To keep him in the confines of strict science is to reduce psychology to physiology and bio-mechanics. The height of this reductionism appears in Watsonian behaviorism and Pavlov's stimulus-response experimentation.[1] Its ultimate application horrified the world in the revelations of the Nazi concentration camps and the Communist "brain-washing" techniques. As never before we need to reaffirm the reality of "the ultimate unity and transcendence of the human ego,"[2] which strict science can never fully comprehend nor control.

Much of contemporary psychology is concerned only with the empirical "me." The question of "integrative principles of which we have no empirical knowledge" is minimized.[3] As with Harry Stack Sullivan, the

[1] A more sophisticated expression is found in B. F. Skinner, *Behavior of Organisms,* Appleton Century Croft, New York, 1938; *Walden Two,* Macmillan, 1955.

[2] Reinhold Niebuhr, *The Self and the Dramas of History,* Scribner's, New York, 1955, p. 130.

[3] Gardner Murphy, *Personality: A Biosocial Approach to Origins and Structures,* Harper, New York, 1947, pp. 490, 502.

self-system is made up of "reflected appraisals." So we are concerned only with that which takes place between individuals and which can be "converted into the public mode."[4] The free and responsible self is ignored.

Yet in our day, when people are becoming robots rather than slaves, the insistence upon the soul—or "real self"—is essential. The integrating self can never be grasped by making it simply an object to be measured and manipulated. This "non-empirical entity" is inaccessible to the empirical method derived from the natural sciences. It is not surprising, therefore, that many of the psychoanalytic theorists are concerned with this elusive reality. Freudian therapists[5] reinstate banished freedom and responsibility by insisting their method is only suitable for patients who are "willing to cooperate" rather than compulsively cooperating. Erich Fromm is but one of many who have come to the defense of the soul.[6] He attacks academic psychology, which tries to imitate the laboratory methods of weighing and counting, for dealing with everything but conscience, value judgments, and the knowledge of good and evil. Psychology thus becomes "concerned with mechanisms, reaction formations, instincts, but not with the most specifically human phenomena: love, reason, conscience, values."[7]

Rollo May has expressed the desire for a more adequate operational understanding of man to overcome the body-mind dichotomy arising from Cartesian thought. We need a more satisfactory concept of the human self in relation to itself and its world. And it is May's conviction that an affinity exists between "man's capacity for selfconscious affirmation of his own being" and the classical meaning of the term "soul."[8]

The emerging problem facing contemporary psychotherapeutic thought, therefore, centers on evolving a more satisfactory understanding of the self. The body-mind dualism breaks down in actual experience. Simply dealing with an empirical "me" fails to do justice to the intricacies of the human self. It is the suggestion of this article that the term "soul" provides us

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[4] Harry Stack Sullivan, *Conceptions of Modern Psychiatry,* William Alanson White Psychiatric Foundation, Washington, 1947, pp. 5, 10, 21-22; *The Interpersonal Theory of Psychiatry,* Norton, New York, 1953, pp. 20, 373, 14.

[5] Franz Alexander and Thomas French, *Psychoanalytic Therapy,* Ronald Press, New York, 1946, p. 127.

[6] Others would include: Otto Rank, *Psychology and the Soul,* trans. by William D. Turner, Univ. of Pennsylvania Press, Philadelphia, 1950, pp. 4, 191, 195; Carl Jung, *Modern Man in Search of a Soul,* Harcourt, Brace, New York, 1933, pp. 208, 210, 279; Izette de Forest, "Restoration of Personal Integrity: The Keynote of Psychoanalytic Therapy," *Journal of Pastoral Care,* VI (1952), No. 3, pp. 51-52; Viktor E. Frankl, *The Doctor and the Soul,* Knopf, New York, 1955, Introduction, pp. 9, 24, 86, 265-266, *et al.*

[7] Erich Fromm, *Psychoanalysis and Religion,* Yale Univ. Press, New Haven, 1950, p. 6.

[8] Rollo May, "Psychotherapy, Religion, and the Achievement of Selfhood," in *Liberal Learning and Religion,* ed. by A. N. Wilder, Harper, New York, 1951, pp. 315, 312.

with our most helpful key. Its traditional functional meaning corresponds with the elusive reality with which psychotherapy deals. Its usage among therapists and its wider usage among clergymen would facilitate conversations and cooperation between the two disciplines. Also it is a term which laymen can intuitively grasp.

The brief historical analysis which follows is offered to help revitalize its meaning and foster its usage.

General Understanding

In Hastings' *Encyclopedia of Religion and Ethics* the term "soul" is understood in its most comprehensive sense "as denoting the whole 'self' or personality, the essential principle of human nature, the basis of conscious, continuous, individual existence." After surveying Christian thought on the subject, H. W. Robinson summed up his impressions by indicating "its possession of a unique personality, of the freedom of real initiative, of non-material content." The soul undergoes development in time, "though its ultimate nature may be conceived as timeless." Our experience with memory shows us that the total human personality obviously comprises more than the self of self-consciousness. "The soul is an entity larger than past or present experience exhibits."[9]

From Robinson's description we see that the soul provides us with our unique personality and capacity for centered decisions and initiative. It possesses an ability for transcendent awareness rising above strict stimulus-response. The powers of the body, unlike the teachings of Greek dualism, "belong to and are finally gathered up into the life of the soul." Their interweaving suggests they are complementary expressions of "the one entity of personality."[10]

Biblical Background

From the Biblical point of view, human nature implies a unity and not a dualism. There is an absence of the body-mind contrast. Man is understood as the composite of two factors. On the one hand, there is the breath-soul which we can term the principle of life. On the other hand, there is the complex of physical organs which this animates. To separate these is to destroy the continuity underlying and infusing all impressions of a person. The body and soul are so intimately united that we can say "the body is the soul in its outward form." Thus, man is a psychophysical organism and a center of consciousness and vital power.[11]

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[9] *Encyclopedia of Religion and Ethics,* ed. by James Hastings, Scribner's, New York, 1924-5, Vol. XI, pp. 733, 736.

[10] *Ibid.,* pp. 736-737.

[11] Johs. Pedersen, *Israel,* Geoffrey Cumberlege, Oxford Univ. Press, London, 1926, Vol. I-II, p. 171; Aubrey R. Johnson, *The Vitality of the Individual in the Thought of Ancient Israel,* Univ. of Wales Press, Cardiff, 1949, pp. 23, 53; *Encyclopedia of Religion and Ethics, op. cit.,* p. 733.

Hebrew thought placed the soul of man in the blood stream. That eliminated the dualistic Greek concept of an immortal mind in a mortal body. In the early period two words meant primarily "breath"—*ruach* and *nephesh*. Later *ruach* became generally synonymous with *spirit* or *nous*. It referred to that within man which related him to God. *Nephesh*, on the other hand, became identified with *soul* or *psyche*. It designated the life principle (*vis vitalis*) in man.[12] For the Israelite there was no separate term for "will" as we understand it. The soul acted in its entirety through the physical organism.[13]

In the New Testament we find the differentiation of soul (*psyche*) and spirit (*pneuma*) similar to that of the later Old Testament writings. *Pneuma* (spirit) corresponds to *ruach*. They characterize the unity of power and mind as breath, i.e., "the power of life which is at the same time, the bearer of the mind."[14] Consequently, spirit is distinguished from soul but is not regarded as separate from it. For "spirit is the principle of the soul."[15] Moving beyond the sharp intellectualistic connotations of Greek philosophy, spirit involves essentially man's capacity for affinity with God. *Psyche* (soul), on the other hand, corresponds to *nephesh*. It carries primarily the Old Testament usage of "vitality" or "life" itself.[16]

When Paul speaks of man as a whole, he uses either the term "body" (*soma*) or the term "soul" (*psyche*). It is the entire organism having a unity. The only human existence possible—even in the realm of the Spirit —is somatic existence. Body (*soma*) belongs to the very essence of the real self. Man *is soma*. It is incorrect to say that man *has a soma*. "Man is called soma in respect to his being able to make himself the object of his own action or to experience himself as the subject to whom something happens . . . as having a relationship to himself." Therefore, he can be at one with himself or estranged from himself. Because of this "he can distinguish himself from himself, and he will do this all the more as he experiences outside powers trying to wrest him out of his own control or even having done so."[17]

"Vitality" or "life" is the primary focus of the soul's meaning, in other words, man as a living being.[18] Soul (*psyche*) is thought of as "that specifically human state of being alive which inheres in man as a striving, willing, purposing self." Spirit means simply man's self living in his

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[12] Reinhold Niebuhr, *The Nature and Destiny of Man,* Scribner's, New York, 1946, Vol. I, pp. 13, 151.

[13] Pedersen, *op. cit.,* p. 103.

[14] Paul Tillich, *Propositions,* mimeographed, Part IV, p. 3.

[15] Realencyklopaedie fuer Protestantische Theologie und Kirche, Vol. VI, p. 453, quoted in Niebuhr, *The Nature and Destiny of Man, op. cit.*

[16] Rudolph Bultmann, *Theology of the New Testament,* Scribner's, New York, 1951, Vol. I, p. 204.

[17] *Ibid.,* pp. 192, 194, 195-196, 196, 199.

[18] Lewis Sherrill, *Guilt and Redemption,* John Knox Press, Richmond, Va., 1945, pp. 202, 204.

attitude, "in the orientation of his will." It also includes "the self regarded as conscious or aware."[19]

Telescoping a vast amount of material,[20] we see that man is thought of as a unity with two dimensions. The one is a transcending capacity for relating the self to God.[21] The other is the very life principle within relating the self to the self in all its expressions. Included in the soul's operational meaning are the transcendence of the subject-object dichotomy in self-awareness, the capacity for decision and self-direction on the basis of ultimate concerns, and the assumption of personal responsibility.

Augustine

Beyond the Biblical writers no one has exerted a greater influence on Christian thought than Augustine, Bishop of Hippo. While he never sought to construct a systematic philosophy of the soul, his entire thought is filled with an exposition of the soul's meaning and function.

Although he speaks of "flesh" and "soul" and "mind," Augustine thought of man as a whole. We are intuitively aware of the union of soul and body. For such a union is a personal one. It is distinguished from "the exaggerated dualism of Plato who regarded man as spirit joined to a body accidentally and guiding it after the manner of the charioteer directing his chariot."[22] The outer part of man is his body and the inner part is his soul. It is this whole man who shall be immortal and not just one aspect. But as far as understanding the manner in which spirits are united with bodies, he concludes it "is altogether wonderful, and it transcends the understanding of man."[23]

Because "the soul . . . is the life of the body" it has the power to affect and change bodily substance.[24] It is simultaneously present in the whole body as well as each of its parts.[25] While he thinks of it as lacking measurable dimensions, he does believe it is locally placed within the body.[26]

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[19] Bultman, *op. cit.,* pp. 205, 206, 207.

[20] Primary source corroboration can be found in the above references.

[21] By "God" we mean that purposive power which creates us, which judges us (makes us accountable) according to a standard that we do not create, and which is ever seeking to reconcile the estranged elements of our lives. He is that personal power which causes us to live in community and at the same time to be distinguished from that community.

[22] Wm. P. O'Connor, *The Concept of the Human Soul According to St. Augustine,* Catholic Univ. of America, Washington, 1921, p. 44.

[23] Augustine, *On the Trinity,* ed. by Marcus Dods, trans. by Arthur West Hadden, T. & T. Clark, Edinburgh, 1871-76, Vol. 7 (1873), pp. 309, 323, 84; James Morgan, *The Psychological Teaching of St. Augustine,* Elliot Stock, London, 1932, p. 103.

[24] Augustine, *On the Trinity, op. cit.,* p. 93.

[25] *The Basic Writings of St. Augustine,* ed. by Whitney J. Oates, Random House, New York, 1948, Vol. II, p. 766.

[26] Morgan, *op. cit.,* p. 127.

We can distinguish two dimensions of the soul's functioning. It is adapted to governing the body as well as participating in reason. Not in a quantitative way, but by a certain vital intention, the soul is virtually and potentially present in the body. "Every movement of the mind affects in some degree the body."[27] As the vivifying principle it is the source of bodily vitality and unity. By means of the soul "body becomes for the first time an organized entity."[28]

The rational and intellectual powers of the soul are not restricted to the capacity for discursive reasoning and the ability to formulate universals. From Augustine's Neo-Platonic background the capacity for self-knowledge and introspection are also included.[29] His primary interest is man's ability of transcendence to the point of self-transcendence. This takes various forms.

The soul's intuitive powers and capacity for discursive reasoning set man apart from the rest of creation.[30] Here is a center of awareness that distinguishes man in a qualitative way. While animals also have souls, man differs because of his rational mind.[31] He possesses an intuitive awareness and consciousness of himself and life. "The knowledge by which we know that we live is the most inward of all knowledge."[32] It is "my own experience of myself."[33] If this knowledge ceases to be, then the mind ceases to know itself at the same time. For if the subjective element disappears, we become simply objects and lose our humanness. Memory, understanding, willing come to the mind quite apart from knowledge that is received from without. By the very act of understanding the concept of knowing itself, the mind knows itself. It is impossible to doubt that one lives, remembers, understands, wills, thinks, knows, and judges. Consequently, the mind's beholding itself is inherent in its very nature.[34]

Because of this transcendent awareness the mind can carry on a dialogue with itself. Self-awareness and the distinguishing of dimensions are experienced and observed. "I turned myself unto myself, and said to myself, 'Who art thou?' And I answered, 'A man.' And behold, in me there present themselves to me soul, and body, one without, the other within." Animals are not able to ask questions in this manner because they have no reason "set over their senses to judge on what they report."[35] So man can become a puzzle to himself, and what he experiences is not

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[27] *Ibid.*, pp. 107, 116-117.

[28] O'Connor, *op. cit.*, pp. 41-42; Morgan, *op. cit.*, p. 126.

[29] Niebuhr, *The Nature and Destiny of Man, op. cit.*, p. 155.

[30] O'Connor, *op. cit.*, pp. 42-43.

[31] Augustine, *op. cit.*, pp. 92-93, 248; *The Basic Writings of St. Augustine, op. cit.*, p. 730.

[32] *The Basic Writings . . .* ,p. 849.

[33] Augustine, *op. cit.*, p. 83.

[34] *The Basic Writings . . .* , p. 794; Augustine, *op. cit.*, pp. 254, 256, 354.

[35] Augustine, *Confessions*, Pocket Books, Inc., A Cardinal Ed., 1952, p. 178.

only internal discourse but also internal discord. Man can contend against his own soul ("the hot contention wherein I had engaged myself").[36]

In other words, we can give "heed to" ourselves and find ourselves. Man becomes both subject and object—the knower and the known. The source ("parent") of the mind's self-knowledge is itself.[37] It cannot know its own knowing without knowing itself. "When it seeks to know itself, it knows itself now as seeking and hence it cannot altogether not know itself . . . it is clearly convicted of being more known to itself than unknown. For it knows itself as seeking and as not knowing itself, in short, it seeks to know itself."[38] That is not to say it knows itself wholly. Rather, what it does know, it knows as a whole. The vital force of the soul by which we live and exercise the function of understanding, willing, thinking, knowing, and judging is therefore "apprehended by the understanding and discovered to our consciousness by its living energy."[39]

A second aspect of man's transcendence appears in his capacity to lift his decisions above time-space limitations by dealing with ultimate concerns. In the mind we find "the actions of the reason in things temporal" as well as "the contemplation of things eternal."[40] The soul has been endowed with the ability "to feel and to measure length of time." Therefore, it must be both within and beyond time. To have a sense of the movement and flow of time is to stand above it and observe it. We seek a center of meaning and power within but beyond us, namely, God.[41] It is this overarching perspective that frees us from bondage to space and time. In order to avoid violence and lust and distortion of truth the soul needs to be enlightened by another light "that it may be partaker of truth, seeing itself is not that nature of truth." Apart from this transcendent center of meaning and power one is "torn piecemeal." He loses himself among a multiplicity of things.[42] The self-awareness that enables us to distinguish and decide is limited. It subjects us to the conflicting limitations of space-time causality. Only when we participate in ultimate concerns do we become free.

It is from this vantage point that we are able to face ourselves. While the soul points beyond itself, it must not make itself that beyond or it loses its critical faculty. Concern with this ultimate transcendence (God) forces us to see ourselves more objectively.[43] When a man is a partaker of eternal truth, he wisely consults his soul about his actions. The mind

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[36] *Ibid.*, pp. 50, 141.
[37] *The Basic Writings . . .* , pp. 728, 795, 802.
[38] Augustine, *On the Trinity,* p. 248.
[39] O'Connor, *op. cit.,* p. 36, quoted.
[40] *The Basic Writings . . .* , p. 810.
[41] Augustine, *Confessions,* pp. 225, 1.
[42] *Ibid.*, pp. 59, 20.
[43] *Ibid.*, p. 139.

should know itself "in order that it may consider itself, and live according to its own nature . . . viz. under Him to whom it ought to be subject, and above those things to which it is to be preferred."[44] Part of the soul, therefore, is that center where decisions rise above space-time limitations by focusing on ultimate concerns.

A third aspect of man's transcendence is seen in the soul being the center of awareness where the capacity for self-direction, ultimate choices, and responsibility lies. Memory, intellect, and will make up the soul as a whole.[45] And as we have noted, these qualities are intuitively authoritative. Because the human soul is made in the image of God it is never anything but rational and intellectual.[46]

The soul recalls to mind previous behavior and thought in order to examine them dispassionately ("my soul is not affrighted at them"). In the court of memory we confront ourselves with ourselves: when, where, and what we have done and under what feeling.[47]

The volitional aspect of the soul is of crucial importance. For it "handles those things that are contained in the memory and understanding." Even though it may be blunted, we find an intuitive witness to its presence. Men know that they will, and "they equally know that no one can will who is not and who does not live; and they also refer that will itself to something which they will with that will."[48] The movement or resting of the body or affections, as well as speaking or remaining silent, "belong to soul and mind subject to variation." The body easily obeys the soul's weakest willing. "The mind commands the body, and it obeys instantly . . . The mind commands the hand to be moved; and such readiness is there, that command is scarce distinct from obedience." But there can be conflict and discord within the soul. It finds expression in the struggle of "my two wills, one new, and the other old . . . within me; and by their discord, undid my soul." Actually it is not two minds which are involved in this divided will. Rather it is the whole self. "It was I who willed, I who nilled, I, I myself. I neither willed entirely, nor nilled entirely. Therefore was I at strife with myself, and rent asunder by myself. And this rent befell me against my will, and yet indicated, not the presence of another mind, but the punishment of my own." "This controversy in my heart was self against self only."[49] Even so, the will is able to make unified choices on the basis of God's commanding.

It is this very self-directing volition that leads Augustine to be very conscious of the responsible dimension within the soul. The title of his

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[44] Augustine, *On the Trinity,* pp. 85, 249-250.
[45] *The Basic Writings . . . ,* p. 756.
[46] Augustine, *On the Trinity,* pp. 259, 350.
[47] Augustine, *Confessions,* pp. 28, 181, 185.
[48] Augustine, *On the Trinity,* pp. 258, 255-256.
[49] Augustine, *Confessions,* 123, 142, 134-135, 143, 146.

autobiography explicitly states man's nature as a responsible being: "Confessions." The soul is that which confesses to God. Responsibility inheres in it. Failure to become what he ought produces meaningful consequences. When God is sought, the soul is drawn out of its guilty predicament.[50] Man becomes aware of failures and assumes responsibility for a more wholesome life. The soul as centered awareness possesses the capacity enabling man to consider ultimate choices, to respond in some degree, and to direct his life in a purposeful fashion.

Although speaking of "every rational soul," Augustine clearly indicates there are quantitative differences within it. The purer it is, the more it rises to spiritual things. Because it is not the highest it can be corrupted.[51] When its affection is ungoverned, lust predominates. Errors and false opinions defile the conversation. Because of unassimilated elements of our being we cripple our capacity for self-direction. "Where was I . . . when the madness of lust . . . took the rule over me, and I resigned myself wholly to it?" Emptiness of soul—failure to be ultimately concerned—results in its being sickly and full of sores. Self is set in opposition to self. Disintegration predominates over integration.[52]

In summarizing Augustine's thought, we see the soul is the intermediary between matter and spirit. By it we are intuitively aware of the integrated wholeness of our being. The soul has two dimensions. One dimension is the vivifying principle governing bodily functioning. The other dimension participates in reason. We find the presence of introspective self-knowledge as well as discursive reasoning. Man becomes both subject and object —the knower and the known. Consequently, he can stand within and above space-time limitations.

In addition, the quality of responsibility is present. For man can respond to a center of meaning and power within yet beyond himself. Such ultimate concern brings with it the capacity for self-direction and responsible decision. This volitional element, however, is not completely free. Estrangement within ourselves and with life beyond our own affects the soul's ability to respond.

It would be no exaggeration to say that prior to our contemporary period no one, with the possible exception of Soren Kierkegaard, so fully comprehended the heights of human life as did Aurelius Augustine, 354 A.D. to 430 A.D.

The Medieval Period

Thomas Aquinas represents the capstone of Roman Catholic thought. For him, the rational soul, as the form of the body, is "one with the sensi-

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[50] *Ibid.*, pp. 140, 16, 13, 17.

[51] *The Basic Writings . . .* , p. 721; Augustine, *On the Trinity*, p. 350.

[52] Augustine, *Confessions*, pp. 59, 21; *On the Trinity*, p. 350; *Confessions*, pp. 30, 146.

tive and vegetative principle." Yet it is not completely immersed in matter, for its highest operations are "intrinsically independent of the organism." In the early stages of the embryo, the vital principle exhibits only vegetative powers; "then a sensitive soul comes into being, enduced from the evolving potencies of the organism; later yet, this is replaced by the perfect rational soul, which is essentially immaterial."[53]

For centuries Roman Catholic philosophy has taught that man is "two and one, a divisible but a vital unity."[54] It is the soul through the intellect that understands and not the intellect itself. For the faculties operate only as the soul's energy. Despite the variety and the intermittent character of conscious processes, they "belong to one and the same subject; they are all referred naturally and spontaneously to the self or *me*."[55]

Even though there are minute subtleties of distinction in the Scholastic formulation, we may summarize certain general characteristics of the soul's functioning as they conceived it. The soul provides our intuitive experience of the unity of our being. It is the life-giving vital principle. Without its rational nature memory, understanding, and will would be lacking.

Reformation and Post-Reformation Period

Reinhold Niebuhr has summarized the Reformation contributions to the understanding of the soul for us. Among them he sees "the emphasis on the wholeness of the person in body and soul, derived from the Bible (Luther's *totus homo*) ; the conception of the height of human freedom and of the encounter of the person with a personal God in this dimension of its existence; the idea of the critical and total nature of this encounter, involving the whole of the person and shattering his pride and self-esteem."[56]

Roger Williams provides a good example of the post-Reformation use of the term. Unlike the careful introspection of Augustine or the minute analyses of the Scholastics, his usage reflects the general understanding among ordinary Christians of his day.

In places Williams' use implies the whole person—body and soul—without any distinction.[57] In other places the term implies a different dimension than bodily functioning. The concerns and beliefs of the soul are beyond the reaches of physical coercion. So a man can be forced to

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[53] *The Catholic Encyclopedia,* the Encyclopedia Press, New York, 1914, Vol. XIV, p. 156.
[54] *Ibid.*
[55] *Ibid.,* 1907, Vol. V, p. 749.
[56] Niebuhr, *The Self and the Dramas of History,* p. 106.
[57] Roger Williams, *The Bloudy Tenet of Persecution,* Finsbury, Haddon, Castle St., 1848, pp. 1, 5, 302, 438.

worship in body and still not worship in spirit. There is then outward conformity, inward resistance, and ruin.[58]

Quite clearly the soul includes that center of awareness distinguishing man from animals and the rest of nature. It is able to relate itself with the source of life ("private correspondence with the Lord himself"). In another dimension the soul possesses an awareness of its relationship with itself ("private retiredness with itself"). And in still a third dimension it establishes an interrelatedness with others ("converse and correspondency with men"). Wonderment and amazement, triumphing and rejoicing, make up its manifestations.[59] Such personal qualities do not characterize sub-human forms of life.

Another expression of the soul's function is that center of man in which decisions transcend time-space limitations in that they deal with ultimate concerns. In God's presence we search and examine our ways, a casting up of our accounts, as it were, "between God and our souls."[60] The soul is thought to be the center from which belief and unbelief come. Our actions and decisions are regulated in accord with these ultimate concerns of our inner selves. There is on man's part "personal submission of his own soul to the power of the Lord Jesus Christ."[61] In short, there are ultimate demands to which one yields and by which one makes decisions.

When Williams speaks of Christ as "our soul's life,"[62] he implies a transcendent awareness of power and meaning enabling us to rise above the curtailments of time and space in directing the destiny of our lives. For Christ has power "over the souls and consciences of men."[63] The discovery of the life of Christ in the soul reveals: we cry to God as to a Father; we long for more and more knowledge of God; we hunger and thirst after God's word; we can't live in known sin without struggling and mourning; we are tender of God's name; we are patient under the rod of the heavenly Father; we long after God's true worship; we have no peace in unrepented sin; and we long for the grace seen in others, though wanting in ourselves.[64]

Still another facet of the soul's functioning is its being that center of man's self-awareness in which inheres his capacity for self-direction, ultimate choices, and responsibility. Williams speaks of "the souls and thoughts" of men, "the souls and consciences" of men, "the souls and mind and conscience of man, that is indeed the Man."[65] While there is a close

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[58] *Ibid.*, pp. 3, 100, 222-223, 303-304, 314.
[59] Roger Williams, *Experiments of Spiritual Life and Health,* ed. by Winthrop Hudson, Westminster, Philadelphia, 1951, pp. 42, 60, 40.
[60] *Ibid.*, pp. 90, 51.
[61] Williams, *The Bloudy Tenet . . .*, pp. 109, 320.
[62] Williams, *Experiments . . .*, p. 91.
[63] Williams, *The Bloudy Tenet . . .*, p. 298.
[64] Williams, *Experiments . . .*, pp. 48-58.
[65] Williams, *The Bloudy Tenet . . .*, pp. 318, 298; *Experiments . . .*, pp. 99-100, 92; James E. Ernst, *Roger Williams,* Macmillan, New York, 1932, p. 488, quoted.

identification, he seems to imply our thought processes and our value-judging capacities are not the whole of the soul. There are also the capacity of memory, the awareness of purposive direction (the soul aiming at Christ), and the decision to risk action ("he ventures his soul").[66]

In outlining the particulars of spiritual health, Williams regards them "as an holy looking glass to discover to us our soul's spots and blemishes."[67] In other words, we are able to be both subject and object. We can be the object of careful scrutiny and at the same time be the one who does the scrutinizing from a transcendent position. By implication such examination is for the purpose of seeking and correcting those aspects of our lives that keep us from expressing our ultimate devotion and commitment to God. As a consequence, nothing can be worse than violation of the soul's integrity. Such subjection is for the purpose of destroying an individual's capacity to think and choose for himself what he believes to be right and proper in the worship of God.[68] "Forcing of conscience," as he so forcefully declares, "is soul-rape."[69] It is the soul that ponders, weighs, and evaluates particular courses of action. Whenever the phrase "the soul's belief" appears, Williams is pointing to the capacity for conviction and commitment. Thus he speaks of "a strong conviction in their souls."[70]

No one else can assume responsibility for our lives. We must do that for ourselves. So for Williams man has the ability not only to perceive purposive directional choices but also to act on them responsibly. A result of the soul's functioning in this way is its being filled with triumphing and rejoicing.[71] There comes the sense of a task tackled, the satisfaction of self-direction and responsibility.

All of this does not mean to say that Williams thinks of the soul as a purified dimension of life. Like all who are grounded in Biblical thinking, he quite clearly sees and knows the distortion in the soul's centeredness and transcendent awareness. He cites "the spiritual sickness and disease of mine own and others' spirits." Some distempers "unto which our spiritual and inner man are subject" include "the filthy humors and corruptions of pride, security, uncleanness, self-love, covetousness." False worship can make the soul captive.[72] It can be blind and in opposition to God. It can be deceived by demonic power. In our blindness to eternal values and ultimate concerns our souls lie fast asleep. Idolatry, false worship, schism, blindness, and hardness need to be battered out of the soul. It needs to be "cleansed." We are limited in our awareness of ultimate choices and responsibility. For some need to confess "their souls are far from the knowl-

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66 Williams, *The Bloudy Tenet . . .*, pp. 380, 388, 55, 319.
67 Williams, *Experiments . . .*, p. 59.
68 Williams, *The Bloudy Tenet . . .*, pp. 4, 339.
69 Ernst, *op. cit.*, p. 245, quoted.
70 Williams, *The Bloudy Tenet . . .*, pp. 437 266, 4, 8, *et al.*, 347.
71 Williams, *Experiments . . .*, p. 40.
72 *Ibid.*, pp. 46, 95, 94, 99-100.

edge of the fountain" of life. And yet, whenever a higher center of meaning and power (Christ) would enter and fill the soul, a tumultuous rage occurs.[73] The process of overcoming our distortions and limitations is no easy undertaking.

The dominant religious voice in America during the middle of the eighteenth century was Jonathan Edwards of New England. The main atmosphere of church life reflected the imprint of his influence. No one could be more representative than he. His usage of the term "soul" would, therefore, be indicative of its general understanding among his contemporaries.

Because of the centrality of the Biblical material in the life of the church we are not surprised to discover recurring agreements in the midst of differing emphases. The soul and the body are united. By God creating man in His own image man is distinguished from the beasts in a qualitative way. That differentiation consists of those powers whereby man is capable of being a morally responsible agent. Man's reason and understanding, as well as his capacity for volition and choice, are what make him "entirely, perfectly, and unspeakably different from a mere machine."[74]

The focus around which he weaves his understanding of the soul is the freedom of the will. The issue of the freedom of the will is his main point of contention with the Arminians. The profundities of the soul's capacity are exposited as he shows the inconsistency of the Arminian idea that liberty of will consists in completely unfettered freedom, or, as he puts it, "the Will's self-determining Power."[75]

"The Will is both determiner and determined; it is a cause that acts and produces effects upon itself, and is the object of its own influence and action." At the same time choice may interpose, interrupt, and alter the chain of external events. It may cause them "to proceed otherwise than they would do, if let alone, and left to go on according to the laws of motion among themselves." If we choose to go one way, then we cannot choose to go the other way, "and so cannot choose to be made to go the other way."[76] This volitional aspect of the soul enables man to transcend the limitations of space and time. But that which makes it possible is a center of meaning and power beyond himself. It is anchored in ultimate concerns and by these it is determined.

For Edwards, therefore, volitional capacity does not appear in a vacuum. It is not choice *ex nihilo*. The soul in the exercise of its power of willing is not completely free. He attacks the Arminian position of the self-determining power of the will by pointing out how the soul's

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[73] Williams, *The Bloudy Tenet . . .*, pp. 64, 69, 95, 109, 119, 408, 41, 298.

[74] Jonathan Edwards, *Works,* 1st American ed., I. Thomas, Jun, Worchester, 1808-1809, Vol. V, pp. 10-11, 42, 256-257.

[75] *Ibid.,* pp. 153, 43.

[76] *Ibid.,* pp. 13-14, 34, 187.

activity is determined or influenced by motives or desires which appear most agreeable. "Nothing ever comes to pass without a Cause." In using the term he means "any antecedent, either natural or moral, positive or negative, on which an Event . . . so depends, that it is the ground and reason, either in whole, or in part, why it is, rather than not; or why it is as it is, rather than otherwise."[77]

The mind cannot act first, and, "by its act of volition and choice, determine what Motive shall be the ground and reason of its volition and choice." The will is "determined" when its action or choice is centered on "a particular object." That which the mind perceives as the strongest motive determines the will.[78]

The act of choice is determined by the moral necessity coming from the influence of compelling concerns and desires. The necessity attending these acts "is more properly called *certainty,* than *necessity;* it being no other than the certain connection between the subject and predicate of the proposition which affirms their existence." In short, "previous disposition and motive" are prime factors in responsible activity. Men are influenced in what they do by virtuous or vicious principles. Motives, intentions, or aims all contribute to the deciding process.[79]

Edwards is insisting on our seeing a relatedness in life. A complete indifference to alternatives would result in no choice being made. Or if alternatives are held equally valid, a paralysis of actions follows. It is the prior and present perspectives that make indifference impossible and introduce the element of causality in volition. As such, they lift men above the chain of external events by subjecting them to transcending concerns.

While the soul is determined, it is at the same time determiner. We find an insistence on volition being a reality. "Nothing that I maintain, supposes that men are at all hindered by an fatal necessity, from doing, and even willing and choosing as they please, with full freedom." That which has no will cannot be subjected to either constraint or restraint. Only the soul can be the receiving and perceiving subject of precepts or commands. It has "no other faculty whereby it can . . . consent, yield to, or comply with any command, but the faculty of the Will." It is man or the soul, and not the power of volition itself, that has the power of choice.[80]

Freedom has the meaning of "power, opportunity, or advantage, that anyone has, to do as he pleases." The opposite of freedom is hindrance to an individual's conducting himself as he will or being forced to do differently.[81]

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[77] *Ibid.,* pp. 43-47, 54.
[78] *Ibid.,* pp. 13, 14, 115, 20.
[79] *Ibid.,* pp. 218, 340.
[80] *Ibid.,* pp. 339, 30-40, 184, 39.
[81] *Ibid.,* pp. 38, 39.

An act of will is the faculty or power or principle of mind "by which it is capable of choosing: an act of the Will is the same as an act of choosing or choice." In speaking of "moral agency," Edwards implies in valuing capacity: a sense of good and evil; a distinguishing between that which is worthy of praise or of blame; choice guided by the understanding of moral motives; and the power of acting in accordance with pleasure or choice. Men act voluntarily when they "do what suits them best, or what is most agreeable to them." In other words, will responds to that which appears most acceptable, even though it may not be so in the long run. By this he means "the *direct* and *immediate* object of the act of volition; and not some object that the act of Will has not an immediate, but only an indirect and remote respect to."[82]

We do not will anything in opposition to our desires nor do we desire anything contrary to our will. In every act there is an inclination or disposition of the mind one way or another. "The soul had rather *have* or *do* one thing than another, or than not have or do that thing; and that, where there is absolutely no preference or choosing, but a perfect continuing equilibrium, there is no volition." The dictate of understanding is what influences volitional activity, which includes "the whole faculty of perception or apprehension, and not merely what is called reason or judgment." Reason is simply one aspect of the total influence which moves and induces the will. "When it concurs with other facts, then its weight is added to them, as put into the same scale; but when it is against them, it is as weight in the opposite scale, where it resists the influence of other things; yet its resistance is often overcome by the greater weight and so the act of Will is determined in opposition to it."[83]

Without inclination, motive, or end, an act is performed without any concern of the will. It simply has no volitional quality. The moral necessity or certainty accompanying our actions agrees with our natural sense of praise and blame, reward and punishment. It fits in with our notion that "moral evil . . . consists in a certain deformity in the nature of the disposition and acts of the heart." The power and governing of the heart's inclinations under the influence of motive determine moral necessity. Consequently, "the more a man does anything with full inclination of heart, the more it is to be charged to his account for his condemnation if it be an ill action, and the more to be ascribed to him for his praise, if it be good."[84]

The Reformation and post-Reformation periods do not exhibit the more careful analyses of the Scholastics. Yet the functional use of the soul is not materially different. There is a recognition of the wholeness of man. The dimension of life of which the soul is the expression distinguishes man from the rest of nature. There we find a capacity for

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[82] *Ibid.*, pp. 9, 41, 42, 21, 16, 17.
[83] *Ibid.*, pp. 12, 13, 21-22.
[84] *Ibid.*, pp. 218, 341, 35, 343.

transcending awareness. Man distinguishes between creative and destructive possibilities. On the basis of that valuing capacity, the limitations of spatial and temporal spheres are qualified. Ultimate perspectives and concerns free man from the stricter determinism of subhuman forms of life. Purposive direction of the self results. While there are distortions and disturbances within the centered consciousness, the transcending nature of that awareness and the accompanying "oughtness" of ultimate concerns ameliorate the difficulties. The more unified man is in responding to such influence the more responsible a creature he is and the clearer is the image of God in him.

Conclusion

As it emerges from its adolescent period, psychotherapy is discovering the need for a more adequate delineation of the human person with whom it deals. Despite mechanistic formulations therapists operate on a more dynamic basis. Even without an adequate descriptive term they assume the human person can never be fitted into a test-tube strait-jacket of strict stimulus-response. There is an elusive quality which breaks through all limitations.

In the attempt to be "scientific" it was natural that psychotherapy scorned the traditional term "soul." This was both a needed and a necessary departure and it has given us values and perspectives without which our understanding of man would be poorer. But the attempt to come up with a more adequate term capable of general acceptance has failed.

Now we are ready to look at human existence in its fullness and once again to see its mysterious depths. Now we are ready to rediscover that with which men have been in touch through the centuries. Now we are ready to make certain minimal statements about the "soul" which we hope may justify a reconsideration of its meaning and usage. The soul includes: (1) that capacity of transcendence by which the self is related to God as the ground and source of its being; (2) that life principle relating the self to itself in all its expressions and producing an integrated wholeness to our being; (3) that intuitive self-awareness enabling us to see ourselves as both subject and object, we are "a part of" nature as well as being "apart from" nature; (4) that ability to distinguish values and deal with ultimate concerns, thereby transcending the limitations of time and space; (5) that center of awareness in which man makes responsible choices and on the basis of which he "acts" and is not simply "acted upon."

If religious thinkers once again infuse the concept with its traditional functional meaning, and if psychotherapists are willing to acknowledge intellectually that with which they work experientially, then a new era in the rapproachment of the two disciplines is at hand. The soul will no longer be "a sort of fifth wheel to a wagon," as the prophetic stranger in *Moby Dick* put it, but the soul will once again be the core of human selfhood.

UNDERSTANDING THE AGED

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The term "aged" is here used to refer to a particular section of the aging process. It does not mean that when a human being arrives at a certain chronological age he automatically fits into the compartment of the aged. Aging is a process which, as has been frequently stated, begins at birth. The rate at which the process develops, biologically and psychologically, varies as widely as there are individual differences in people. Gerontology is a very recent term used for the scientific study of the aging process. Geriatrics refers to the branch of medicine dealing with diseases of the aged. This whole field is a comparatively new area for scientific study. We have textbooks and college courses in the psychology of childhood, of adolescense, and of mature life. These areas of growth, although very extensively interrelated, can be fairly clearly delimited. The area of the aged covers a much larger segment of life. Interest in the subject is showing a remarkable growth. Literature abounds and articles of research are increasing.

When is a person old? To the small child, fifteen years seems old. To the youth of twenty, forty years is old, and at forty he begins to fear the approach of fifty, which seems very old. To hear oneself called "old" for the first time is frequently a devastating psychological experience which has its effect in creating old age. However, the individual differences in the rate of aging make it probable that one person may be old, physically, mentally, and emotionally, at fifty, and another person "young" at seventy. This question is still more complex when we consider that the same person may be chronologically 35 years, emotionally 15, mentally 10, and biologically 65. Therefore, in considering the psychology of the aged we must for practical purposes limit ourselves to the middle and later portions of life.

To understand a human being we must understand the aging process. This process has been taken as a matter of course by physicians and people in general. Philosophers and poets have discoursed on the subject and there has been a vague academic interest, but that is all. The ancient Greeks held great reverence for their aged seers but this was due in part

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to the fact that in those days the very aged were a curiosity because of their rarity. Cicero considered himself an old man when he was in his fifties, and justly so for few of his contemporaries survived to that ripeness. A young world is interested in youth. It is primarily concerned in exploring the physical universe. It studies about man rather than man himself. The early years of growth and development are quick and dramatic; they excite scientific investigation while the other end of the life's scale seems of less moment. Our culture still attempts to avoid the issue. Age is often feared, shunned, and abhorred. By lies and cosmetic subterfuges men and women try to conceal the signs of age. A sense of shame seems to be associated with advancing years. Why is this? Probably because of the fear of the loss of social respect. Old age is in ill repute—a feeling transmitted from one generation to another, fostered by youth which wishes to claim the world as its own. This social atmosphere has a devastating effect upon the process of aging and probably retards to a great extent what would otherwise be the normal age of life.

The fact is that aging does not mean decline. Senescence, as Dr. E. J. Stieglitz (19)[1] suggests, is not a downward process. It is change, but not decline. While there are decreases in some capacities, there are increases in others. With waning powers of speed, there is often a development of better judgment. There may be a constant maturation of certain capacities so that, in some respects, gains may exceed losses in the balance sheet of life. At the Institute of Gerontology held at the State University of Iowa in 1953 two conclusions were specific: first, we won't know how old a man actually is until a great deal more research is completed, and, secondly, our very practice of labeling older people "infirm" or "dependent" or "senile" often makes them fit these stereotypes, causing many of them to give up and be bedridden. Such name-calling labels accentuate the greatest fears of the aged: fears of dependency, uselessness, loneliness, and incapacitating sickness.

An important reason for changing our viewpoint about age is that the aged are now here and will be with us in greater numbers in the years to come. Consider these figures: In 1900 over three million persons in the United States were over 65 years of age. In 1940 there were over nine million. In 1950 more than eleven and one-half million were over 65, and it is estimated that by 1980 there will be over twenty-two million of our population above that age. In terms of citizenship, 27 per cent of the voters will be over 65 by the year 1980. Do we consider these people a useless drag upon society? Shall we continue with the help of medical science merely to add years to our lives, or, by better understanding of the dynamic processes of aging, shall we strive to "add life to the years"? The balance of population structure has been affected in the past by wars, plagues, famines, and other events. But never before in history has the change been in the direction of preponderance of the elderly, as it is today.

[1] Numerals in parentheses refer to the list of references at the end of the article.

In considering the factors which make for longevity there are two schools of thought. On the one hand, it is said that the only way to ensure long life is to choose long-lived ancestors. To determine your own probable span of life merely add the age, at death, of your parents and four grandparents and divide by six. Dr. Kallman and his associates (9), after studying monozygotic and dizygotic twins, point out that, although genetic factors play basic roles, within limits provided by them life can be lengthened or shortened by environmental factors and the efficiency with which constitutional potentialities are utilized. On the other hand, it is argued that many very aged persons have had short-lived ancestors. Kennedy and French (11) state that it is largely a matter of nutrition. Others agree that the average age can well be expected to be 105 years or more. Out of 1500 known centenarians, the Dunbar sisters (4) selected 20 per cent for detailed case histories. The average age was 105; the oldest, 125; the oldest backed with a birth certificate, 115. They state that the more we learn about centenarians the more enjoyable becomes the prospect of a life that leads to super-longevity. They concluded their study by giving ten rules characteristically advocated by centenarians, as follows.

1. Sleep soundly and regularly.
2. Keep out of arguments.
3. Get happily married and stay that way (many of them had married two or three times).
4. Work all your life at a job you enjoy.
5. Look forward eagerly to the future.
6. Drink or smoke in moderation or abstain.
7. Make lots of friends.
8. Keep alive your sense of humor and your sense of sex.
9. Be your own boss.
10. Do as you please.

It will be noticed that these rules are all environmental and psychological.

It is known that man is a psychosomatic unity. Therefore any change in one part of the organism will result in the alteration of the total pattern. Knowledge of such changes should aid in preventing premature senility and death. When we enumerate a few of the physical changes that are normal to the aging process we can readily recognize the psychological implications.

For example, consider changes in general appearance. How many adults upon seeing a picture of themselves at the age of four would recognize themselves? There are differential changes in bulk, in skin and hair. But these normal changes are accentuated by disease, injury, traumatic experiences, and by poor mental and physical hygiene. Again, in the aging process the cellular regeneration declines. Some believe that death is inherent in the germ plasm. But others point out that tissue cells transplanted in suitable nutrient media can be kept alive and vigorous indefinitely. This is given as proof of the essential immortality of the cells.

They insist that necrocytosis (cell death) is due solely to the bad effects of an unfavorable environment.

When we consider the sense organs we note that the eye has a life-span as a functioning organ that is potentially greater than that of the body as a whole. In regard to hearing there is a decline of acuity for tones above high C with each decade of life. Impairment of hearing for high tones is more frequent in men; for low frequencies, in women. These facts have a psychological effect upon the aging person, especially when his associates are not aware and are given to censure or ridicule.

Bones, tendons, ligaments, and connective tissue show few characteristic senile changes. The skin is not only very susceptible to physical changes but is very sensitive to moods and emotions. The digestive system, when not affected by disease, is, like the eye, capable of functioning beyond the normal life of the body. This is said to be true also of the liver and gall bladder. The efficiency of the homeostatic mechanisms declines with the years, but the change is not in ability to meet the normal demands of the body. It lies in the lack of reserves for unusual demands. Normal body temperature is the same at 80 as at 8. The difference is in tolerance of extremes.

In order to understand the behavior of the aging person a word must be said about the changes in endocrine functioning. Despite considerable research, the nature and working of the various glands are still largely unknown. In general, it can be stated that there is a decrease in the output of sex hormones with advancing age and decline in copulatory behavior, although there are wide individual differences. Sexual aging is psychosexual. The climacteric in both men and women is largely influenced by emotional stresses. According to Dr. Stieglitz, 95 per cent of the women who undergo normal menopause rarely talk about it. The rest have had previous symptoms of fears and anxieties which now become aggravated by an unhealthy psychological climate. Some mothers deliberately go out of their way to frighten their daughters with the horrors in store for them. This phase of life, between ages 40 and 60, is also associated with peculiar emotional stresses. For most women it is the time of life when their children leave home to go out into the world. Husbands also, at this period, are at the peak of their business or professional careers and are too absorbed in their activities to give attention to the family circle. They thus appear to be both disinterested in and neglectful of their wives when they need consideration the most.

The male climacteric, while more subtle and gradual, has emotional reactions very similar to those of women. It is characterized by a state of indecisiveness, ready exhaustion, greatly increased irritability, and a vague unfocused anxiety as to future competence. These reactions also depend upon the value which has been placed upon virility and potency. When the individual has found a sense of personal values in other spheres, the

loss of sexual potency is not too distressing. But if being virile in the sexual sphere is the one thing he feels proud of then the loss of this capacity is likely to be disastrous to the ego. The symptoms may be especially severe if the man faces unemployment at this time. The writer knows a man who, when his daughter spoke to him about marriage, literally "blew his top." His behavior was so unusual, so ill-tempered, and irrational that the family could not understand what had happened to a good husband and father. They had moved about a year previously to a different state because the business to which he had given many years of service had suddenly changed hands and he, with some others, had been summarily dismissed. The daughter had recently graduated from college and was employed as a teacher. He had built his own plans for this, his youngest child. Now she was about to leave home. The accumulation of misfortunes seemed intolerable. Finally, he was persuaded to visit a local physician who gave him hormone tablets, saying that they were vitamin pills. Within a short time the irreconcilable father and irritable husband became his normal pleasant self. He called the family together and with them arranged for the wedding at a time that was most satisfactory to all concerned.

Behavior changes may occur at the climacteric because there is no longer fear of pregnancy. The normal drives of the libido need no longer be bridled. Fantasies experienced at adolescence and which had been more or less sublimated or repressed now reappear. Dr. Flanders Dunbar (2) described many resemblances between the aged and the adolescent. The reactions are really a re-enactment of psychological puberty. On the one hand, there may be withdrawal into a beautiful dream world as an escape from the frustrations of life; on the other hand, the individual may feel compelled to act out his fantasies, often with embarrassing results to members of the family. Sometimes repressed homosexual conflicts will result in paranoid ideas, and family and social life will be troubled with many jealousies and difficulties. Sometime these individuals, through wise psychotherapy, find an emotional adjustment previously unknown. One such individual who some ten years ago was having a stormy career in family and social relations was recently reported by a friend as being a much better grandmother than she had been a mother.

Factors which make for intellectual change have, of course, great influence upon the behavior of an individual. On the basis of test scores, Wechsler (21) and numerous other psychologists agree that the peak of performance is somewhere in the teens or early twenties and there is a gradual decline to late maturity. At times there is a rapid decline in the sixties, but it also appears that often at this age a plateau of decline may be reached and maintained over an indefinite period of time. This is important to remember. Individual differences among the aged are extremely wide. There are indications that the brightest individuals, on the average, show less decline, both relatively and absolutely, than do those

who are not so bright. Dr. Oscar Kaplan (10) says that the average college graduate at 60 is superior to the average high-school graduate at 18. The most noticeable decline is in speed. This is a common observation. However, there is a difference between the sexes at this point. Women exhibit very little drop in speed between the ages of 20 and 50, whereas men show a progressive loss from decade to decade. It is significant that the average female at 70 did better than the average male at 20. But it is also of interest, says Dr. Kaplan, that male tailors matched performance of women. This emphasizes the fact that experience plays a role in retarding the loss of speed with age. The writer gave a Bellevue-Wechsler intelligence test to a 78-year-old school teacher to whom he had gone to school in the first, fourth, and eighth grades. Making allowance for speed according to Wechsler rules, this man scored "very superior." Is speed then a true sign of old age? There is need of much more research before this can be answered correctly. But, even if there is a speed decrement in intellectual tasks, does this loss mean loss of importance to the individual or to society? The most important decisions of life depend upon experience and intelligence, not upon speed. However, the studies of Lorge (13), Thorndyke, and others show that at the age of 80 the average speed of learning is about the same as at 12 years.

In general, therefore, we may say that the learning process may be and is greatly retarded by psychological and cultural attitudes. When an individual declares "I am too old to learn," he is giving himself a death sentence. Educators realize the importance of motivation at any age. Motivation has an exceptionally important role in the health of the elderly person. This stimulus is largely lacking in our society. Premature retirement, or a transfer to sorting nuts and bolts in the junk room, or to gate watcher, is equivalent to a judicial sentence: "You are through and useless." Senescence is hastened when a man is left on the same job indefinitely. The job doesn't change, the man does. And so the will to live weakens, and when the will to live is gone the science of medicine is pathetically futile.

Education, says Dr. Stieglitz, is fifty years behind the times. Education does not prepare us for old age. Curricula are still geared to the time when life-expectancy was fifteen years less than it is today. The boy and girl are prepared for the competition of early maturity only. After that, "what is the value of living?" Forced to retire, there is no one to depend upon him for support. Another takes his place in the home even in the discussion of family needs. He ends where he began, dependent, and now feeling hopeless and forsaken. Both social and educational changes are needed to assure the older person that there are many qualities of the mind such as judgment that do not wear out by use. Judgment should improve with age as learning and understanding develop. Age, per se, of course does not guarantee good judgment. Good judgment grows and develops out of the prior exercise of poor judgment. Greatness of mind in later

years comes from continued study which is rarely encouraged for the average person.

All that has been said above is related to the problem of learning but we can be more specific. Most people, says Dr. Irving Lorge (13), when they begin to have difficulty in seeing, or hearing, believe that they ought to give up. They think that this apparent decline in the senses is associated with decline in the ability to learn. In this they are wrong. Dr. Lorge tells of an experiment in which he matched three groups of individuals in learning Russian. One age group was 20 to 25, another 27½ to 37½, and another 40 years and older. Several of the older group protested that they were too old and that they never were any good at languages. Dr. Lorge simply told them, "You gotta learn it." At the end of two months there was no significant difference between the three groups, and with the end of the experiment the older group said he was unfair to them because after such an exciting experience he had a responsibility to give them more of it. Dr. Lillian Martin (14), founder of the Old Age Counseling Center in San Francisco, tells of an elderly dressmaker who could not remember her own address and got lost in going around a block, but who was nevertheless able to describe in detail every dress she saw in the windows of the downtown stores. Dr. Martin concludes that most memory loss is due to lack of interest. Dr. Lorge sums up as follows: "We can definitely say as far as the psychologist is concerned; first, that we no longer believe that there is any restriction in intellectual ability. Second, that all these people can and do learn. Third, the primary obstacle is the attitude."

The basic problem of therapy, then, is the changing of attitudes. Older people have a tremendous capacity for the utilization of experience. They can readjust when they once believe that they can. Also what they have to readjust with is usually a great deal more than the younger person brings. With the proper psychological development, says Dr. Lorge, these people can really be productive in a way that will be of significance to themselves and to society. Research indicates that immeasurable harm is being done by the reiteration of such platitudes as "you can't teach an old dog new tricks." This is a proven falsehood where the will to learn is retained. It is well here to recall the saying that in order to teach an old dog new tricks it is necessary to know more than the dog. It is typical of age that past knowledge is integrated and becomes wisdom. Critical judgment improves in the process. The mind becomes quicker to see through the screen of verbiage which is often used to conceal ignorance. In late maturity there is also a change of stress from the physical to the intellectual as illustrated by the following bit of verse:

King David and King Solomon
Led merry, merry lives,
With many, many lady friends,
And many, many wives;

But when old age crept over them—
With many, many qualms,
King Solomon wrote the Proverbs
And King David wrote the Psalms.

—Dr. James Bell Naylor

A very familiar, though negative, portrait of old age is given by the Roman poet when he describes his elderly contemporaries:

Grey hairs have many evils, without end
The old man gathers what he dare not spend,
While as for action, do what he will,
'Tis all half-hearted, spiritless and chill;
Inert, irresolute his neck he cranes
Into the future, grumbles and complains,
Extols his own young days with peevish praise,
But rates and censures these degenerate days.

—Horace

This is indeed a true picture of many older persons. However, we are becoming aware of the fact that personality patterns are the result of psychological evolution. Personality patterns developed in youth may become quite fixed. They may be concealed during the more prosperous years of life. But like the leopard which does not change his spots with age, the traits of adolescence abide, only to reappear. This is not a true second-childhood, but only a continuation of the first childhood. Emotional maturation was retarded under pressure of conformity to the herd. Now the anxious, insecure, grasping youth becomes the stingy miser. The sanctimonious egotist becomes the intolerable self-opinionated bigot; the perpetual complainer, or the clinging vine, becomes the helpless old person continually demanding attention. The youth who felt rejected and experienced little love becomes the aged man or woman who rejects children, friends, and neighbors. He demands love but fails to get it because he is at enmity with the world. The psychoneuroses of youth only become more pronounced with age because there is less felt need to suppress them. On the other hand, the generous become more generous; and the tolerant, more liberal and understanding. Witness the good grandmother who has been the happy experience of some of us. Then there are also what Paul B. Maves (15) calls the "occupational hazards" which prey upon most of us. The physician takes his bedside manner into the living room where he makes a diagnosis of all our ills. The school teacher gets the habit of lecturing everyone. The preacher talks with authority as though he were addressing an audience. The mechanic responds only to a motor. Other characteristics may be labeled "childish." Among these are temper tantrums, peevishness, sulkiness, wheedling, which have been hidden under the cloak of politeness when life ran smoothly. With the fears, insecurity, and loneliness of age, they reappear. Few persons, however, consciously do mean or childish things, but the life-situations make adjustment more difficult.

For successful aging certain psychological principles must be observed. Many people have attempted to set down rules for a happy old age. Several years ago Dr. Harry Moorehouse Gage, former president of Parsons College, Iowa, presented the following:

1. Learn to play, and don't forget how to play just because you know how to work.

2. Have an incurable disease and a good annuity.

3. Build up reserves of (*a*) physical education; (*b*) money, if possible; (*c*) knowledge; (*d*) friendships.

4. Don't quit as you get older. Start. Live in the present. The aged are specially adapted to take over many of the less strenuous jobs in civic, social, philanthropic, and religious activities.

Dr. Neal Ireland (8) comes closer to dynamic principles. He stresses courage as the ability to handle fears, a philosophy of life which gives power to handle grief, patience and a sense of humor. These may not lengthen our years but they do add greatly to enjoyment. Allied with these qualities are a sympathetic understanding of people and a humility which is the opposite of the traits of certain domineering old men and dowagers. Boasting about the past and complaining about the future are equally destructive.

Underlying the principles of successful aging are certain basic psychological laws. The following discussion of these laws is based largely on Dr. Ethel Sabin Smith's *The Dynamics of Aging* (18). Dr. Smith mentions seven principles which I shall elaborate briefly.

There is, first, the "persisting continuity of self-hood." This means that the self must grow, and grow toward maturity, if life is to be added to years. Such growth involves increasing ability to see life whole. Many people live in compartments. But with maturation the self finds the "common denominator" of humanity. This so lifts the horizon that life tends to overlap all boundaries of nationality, of family life, of race, color, and creed. Life is seen as a pattern, and for the devout person at least it is seen as a pattern with God as the great designer.

Another basic principle lying back of courage, sympathy, and a sense of humor is self-perception. This dynamism expresses itself through experience and a richly furnished mind which projects its joy of living into the outer world. The result is a life rich and full in creative activity.

But if the self has continuity it must not become rigid. Mature growth always involves the ability to change and to be modified. Proper motivation is essential in order that there may be cooperative living, and thus that the unpleasant, negative factors in the aging process may be overcome.

Along with change and modification we must have, in growth, the well-known principle of adaptation. The ego must adapt to the realities

of age and at the same time distinguish between what is healthful and what is frustrating to itself. Akin to this is the principle of relinquishment and acquisition. The knowledge of what to let go of, and what to hold on to, is the essence of an evolving humanity.

The ability to see life whole, mentioned above, implies that the individual has also acquired an understanding of time, and/or the timelessness of life. The maturing life tends to be seen as a continuum quite independent of the sentient body. It makes the reality of death seem a trivial matter. Such knowledge gives a person a sense of harmony with the universe, with the seasons, the weather, the elements, and with all humanity. Humanity itself, in this serene mood, becomes linked with a transcendent world—God's world. We belong to it and are a part of it. This sense of belonging keeps our interests and activities from getting into a rut. There is constant aspiration and search for new things to do. A final principle, perhaps the most important, is that the individual must have a sense of his own worth. Along with this, and the above named qualities, he will keep the Vision of Life.

In the keeping of this vision we can, of course, get much help from a wise and intelligent reading of the Bible. And there is much elsewhere. Tennyson, in his "Ulysses," speaks to the aged warrior who has tired of idleness:

> The lights begin to twinkle from the rocks;
> The long day wanes; the slow moon climbs—
> Come my friends.
> 'Tis not too late to seek a newer world.
> Push off, and sitting well in order smite
> The sounding furrows; for my purpose holds
> To sail beyond the sunset, and the paths
> Of all the western stars until I die.
> It may be that the gulfs will wash us down;
> It may be we shall touch the Happy Isles,
> And see the great Achilles, whom we knew.
> Tho' much is taken, much abides; and tho'
> We are not now that strength which in old days
> Moved earth and heaven, that which we are, we are—
> One equal temper of heroic hearts,
> Made weak by time and fate, but strong in will
> To strive, to seek, to find, and not to yield.

But better still are the words which I heard Edwin Markham proclaim from the pulpit of a church when he was over 81 years of age.

> I am done with the years that are past. I am quits.
> I am through with the dead and the old.
> They are mines worked out. I have delved in their pits.
> I have saved their grain of gold.
>
> Now I turn to the future for wine and bread.

I have bidden the past adieu.
I laugh and lift hands to the years ahead;
Come on, I am ready for you.

Perhaps the most wholesome psychology of the aged can be summed up in one phrase: "The past is prelude."

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EVALUATIONS OF CLINICAL PASTORAL TRAINING AND "PART-TIME" TRAINING IN A GENERAL HOSPITAL

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Clinical pastoral training programs have been conducted in the general hospital for at least twenty-five years.[2] Supervisors of students are well aware of the positive responses of the students to the ofttimes painful experiences in clinical pastoral training.[3] These feelings and judgments at the conclusion of the training cannot, however, be accepted as the students' conclusive evaluations of their hospital experiences.

The important questions must be asked of the student after he has returned to the seminary or to the parish. Has this type of training made any unique contribution to the student in his journey toward becoming a minister? Has this clinical experience in the pastoral context helped him to clarify his role as a pastor and minister of Jesus Christ? Has the quarter in the hospital made a real contribution to the effectiveness of his calling on the sick and of his pastoral counseling? Has his understanding of theology been increased by this exposure to the clinical disciplines and to the institutional ministry? Does the student see obvious failures in the orientation or the content of the program as he looks back and evaluates his general hospital training?

The Nature of the Programs

The program of clinical pastoral training at a large, 3400-bed county hospital was formally inaugurated in 1948 through the joint cooperation of the hospital, the School of Nursing, the Church Federation of Greater Chicago, and the Council for Clinical Training. "Clinical pastoral training" in this paper refers to the full-time, five-days-a-week, twelve-week program of the Council which was given during six of the summers be-

[1] The Rev. Homer L. Jernigan supervised the 1953 Summer Quarter, and the Rev. Donald C. Houts was Assistant Supervisor in the 1955 Summer Quarter.

[2] Bigham, T. J., Jr. "The Development of the Clinical Training Movement through the Council for Clinical Training," in *Clinical Pastoral Training,* edited by Seward Hiltner; Federal Council of Churches, New York, 1945, p. 9.

[3] Bruder, Ernest E., and Barb, Marian, "A Survey of Ten Years of Clinical Pastoral Training at Saint Elizabeths Hospital," *Journal of Pastoral Care,* X (1956), 86-94.

tween 1948 and 1955. "Part-time" training on the basis of two half-days per week during the academic year started in 1947 in cooperation with local seminaries and the hospital. A comparison of the programs is given in Table 1.

TABLE 1.

	Clinical Pastoral Training	"Part-time" Training
Total hours	500-600	200-300
Weekly hours	40-50	8-10
Patient-visit hours	200-250	80-100 (fewer follow-up calls)
Seminar hours	120-180	60
No. of seminars	70-90	24-30
No. of conferences with supervisor	10-15 (weekly)	10-15 (bi-weekly)

The "part-time" student was also actively engaged in seminary classes, reading assignments, term papers, examinations, and other seminary activities, while the full-time students seldom had heavy outside work or study pressures. The daily contacts of the full-time students in the regular programs made for closer group relationships and patient relationships in contrast to the less-frequent contacts of the "part-time" students.

Some of the students who participated in the hospital training did so because such participation was a seminary requirement for graduation. Others took the program on their own initiative with varying degrees of support from their own seminaries. Some students who took the "part-time" training also thus met a seminary requirement for field work credit.

The heart of the clinical pastoral program lies in the supervised minister-patient relationship which takes place within the interdisciplinary professional setting of a modern treatment institution. The clinical student (seminarian or minister) confronts the patient and his needs and also his own feelings about the patient. In this process he confronts, often to his own amazement or pain, feelings and questions about himself, the relevance of his Christian faith, and the meaning and validity of his role as a Christian pastor.

In the daily seminars with fellow students, visits with patients, contacts with the other staff members of the hospital, and the weekly conference with the supervisor he raises questions for others and for himself. "What do I mean when I say that I want to communicate the Love of God in Jesus Christ to patients?" "What are my feelings about the terminal cancer patient and death?" "Why do I resent the patient who carefully calls me 'Reverend' and who is also very apologetic when I find him smoking or playing cards or swearing?"

As these and many, many other questions concerning the role of the minister are faced, the student often discovers within himself areas of personal inadequacy, areas which prevent him from being an understanding

and loving person. "The Word became flesh" means, among other things, that a Christian minister can never be content with his verbal communications. The chaplain-supervisor is concerned with both the verbal and the attitudinal communications of his students. The "person" of the minister or minister-to-be is at least of equal importance with his professional skills and techniques.

Procedure of This Investigation

Early in 1956 a four-page questionnaire was mailed to the 31 living students who had taken the clinical pastoral training program. Thirty questionnaires were deliverable. Ten replies came back within a month. A follow-up letter was sent to the entire group, and 6 additional replies were received. Students were asked to identify their present role in the ministry but were not asked to sign their names.

The questionnaire consisted of five sections, one section devoted to the area of the student's activities scheduled through the School of Nursing, another to the activities related to the Medical Staff of the hospital, a third to the activities with the chaplain-supervisor, and a fourth to the activities as student chaplains on the hospital wards. Each activity within an area was listed and the student was asked to comment on it. The fifth section of the questionnaire consisted of a series of open-ended questions covering the questions raised at the beginning of the article. At the end of the last page was a space where the student was asked to rate the activities within each of the four areas in the order of their helpfulness to him.

After the returns were in from the clinical pastoral training students, identical questionnaires were mailed to 18 students who had participated in the "part-time" program. Ten students returned questionnaires and no follow-up letter was sent.

The Returns

The 16 returns indicate a rate of return of slightly over 50 per cent, a respectable rate for questionnaires, yet not approaching the return rate of the Bruder and Barb study.[4] The rate of returns for the "part-time" group was approximately 55 per cent.

Because some of the students wrote notes of enclosure, it was possible to confirm the "hunch" that each group was represented with the possible exception of the first group. On the same basis, the last four groups of "part-time" students were represented. Two of the three students who had taken an advanced quarter of training are included in the returns.

Approximately one-third of the returns came from Episcopalians, which was in proportion to their number in the total group of students. Returns

[4] *Op. cit.*, p. 88.

were also received from Congregationalists, Methodists, and Presbyterians. One Church of the Brethren minister and one Unitarian minister also identified themselves in the returns. Six students from a Presbyterian seminary and students from a Methodist and an Episcopalian seminary returned questionnaires from the "part-time" groups. The present positions of the students are interesting (Table 2).

TABLE 2

	C. P. T.	"Part-time"
Minister of church	6	6
Assistant minister	—	2
Student minister	2	—
Minister of Christian education	—	2
Hospital chaplain	2	—
Graduate student	1	—
Seminary student	4	—
Overseas missionary	1	—
	16	10

Results of the Investigation

The ratings used in this section do not apply, of course, for each individual student, but they represent the average of the ratings of the entire group.

1. *Activities Scheduled through the School of Nursing (Section I)*

The men rated their activities as follows: (1) principles of psychiatry lectures; (2) medical social work lecture; (3) teaching clinics in psychopathic receiving hospital; (4) psychiatric social work lecture, and court visit; (5) movies on human development and psychiatry; (6) contagious hospital orientation; (7) surgical nursing seminar; and (8) medical clinics for nurses.

2. *Activities through the Hospital Medical Staff (Section II)*

These were rated as follows: (1) ward rounds with doctors; (2) observation of surgery; (3) seminar with medical doctor; (4) observation of post mortem examination; and (5) seminar with resident in surgery.

3. *Activities with Chaplain-Supervisor (Section III)*

Students rated these in the following order: (1) weekly conference with the chaplain-supervisor or assistant supervisor; (2) seminars on students' own calls; (3) the final evaluation seminar; (4) write-ups of initial calls; (5) daily seminars; (6) write-ups of follow-up calls on patients; (7) bull sessions; (8) seminars with other hospital chaplains; (9) midsummer conference; and (10) seminars on the students' sermons.

The results of this section and those from Section IV indicate that the area of the student's own personal growth was the area of greatest

benefit to the student. The average rating of "1" given to the weekly conference with the chaplain-supervisor points up this result. Fifteen of the students wrote in comments which could be classified as "Self-Insight and Personal Growth," while five of the "part-time" students so responded. The following comments are typical of those made at this point:

> "Help in understanding personal problems—better adjustment to vocational demands."
>
> "Very necessary (conference)—sometimes painful, always helpful."
>
> "Very satisfying dealing with some important issues. This led to further therapy."
>
> "Most helpful part of the program. Helped me to analyze my own life and problems. Have been able to understand others better since understanding myself."

Three "part-time" students stressed that the chief value of the biweekly conference was in the way it helped them to understand the patient. One student wrote:

> "Methodology of actual cases discussed—see my own progress and failure—in this area most benefit derived from C.P.T."

One student and one "part-time" student responded: "somewhat superficial," and one "part-time" student made no response.

In comments about the seminars on their own calls, rated second, the men again stressed the area of personal growth. Eleven students and four "part-time" students indicated that the chief value of the seminars was in terms of the "self-insight" they received. The following are typical comments:

> "This was the door that opened to the core of the summer's experience for me, in beginning to learn 'Who I am.'"
>
> "Very helpful for relieving own hostility and as a starter for insight into self."
>
> "Opportunity to see yourself in 'relationship'—has led to greatly increased effectiveness in pastoral ministry."

In the same activity, three students and two "part-time" students felt their understanding of the spiritual needs of the patients was the chief value of these seminars. One student wrote:

> "Helpful criticism of approach and techniques with patients, analysis of what is really troubling patients."

The activity rated third, the evaluation seminar during the last week of the program, received more general comment from the students:

> "Very helpful in looking at self and all relationships."
>
> "Excellent, helped to draw material and experience together. I take stock every few months to see where I am in relationship to this experience."

The write-up of initial calls, rated fourth, received comments like this:

"Proved to be good practice in recalling what went on and to be alert, however, it wasn't pleasant to do."

"Core of the experience—everything else begins here."

"I keep records of calls—abbreviated notes, and find it very useful in learning to know and help parishioners."

4. *Activities as Chaplains on Hospital Wards* (*Section IV*)

Activities in the actual pastoral role were rated as follows: (1) follow-up calls on patients; (2) initial calls on patients; and (3) through (7) consultations with doctors, social workers, nurses, ward clerks, and patients' relatives respectively. Comments about the calling included:

"This was the bread-and-butter part of the program. There is no substitute for actual experience . . . This has been of inestimable help in making pastoral calls in the hospital."

"I think I realize the need for particular attention to a 'first' interview even among well-known parishioners. I learned not to be superficial about calls, prayers, etc. Here was an opportunity to follow through on counseling—meet details—reach depths."

5. *Replies to Open-ended Questions* (*Section V*)

Students were asked to make "yes" or "no" replies and to elaborate with written comments.

Unusual Meanings of Clinical Pastoral Training. The students responded that the conference with the supervisor, the calling on patients, and the professional staff relations were, in that order, the most unusual aspects of their training experience.

Seven students and seven "part-time" students made comments like the following about their conferences with the supervisor:

"C.P.T. opened up a completely new world for me and I can say at this point it is the most dynamic thing that has happened to me in my life. I can now really feel the 'justification by faith' that Luther talked about. My relationship with God is stronger; with my friends and family it is more sound and healthy. I can read and study better, think better, pray better, am less anxious and compulsive; and C.P.T. has in general provided a wonderful beginning for my ministry."

"Individual conferences with supervisor led to a depth of insight to myself."

"I found that the conferences with the supervisor were particularly valuable for me at that time. Also the staff conferences were interesting."

The "part-time" students made the following comments:

"To me the most helpful part of the program was the supervisor's conference. I have been able to understand others since understanding myself."

"The supervisor's conference was the key to the whole program."

Three students and one "part-time" student listed their calling on patients as the most significant area, while three students listed professional staff relationships as the most unusual part of the program. Three of the students made two replies to this question and six students and one "part-time" student made no response.

Clarification of Role as Minister. Twelve of the students and nine of the "part-time" students gave affirmative answers to this query, including comments like the following:

> "Yes, very much. I feel much more able to function as a minister, and not as a psychiatrist or doctor."
>
> "It clarified my 'role' as a person first, and as a by-product of that has of course clarified my role as a minister . . . it helped me to see what I hope to be and do as a minister . . ."
>
> "Yes, by making me realize a ministry is to *every* person no matter what kind of a 'state' he is in."

Three students made negative replies; one said:

> "I think not. I still see my role much as I did before. I just see me a little better."

Self-Recognition of One's Relationships with Others. The fourteen affirmative responses from students and the eight positive responses from the "part-time students" indicate the appreciation they felt for the opportunity to become more aware of their actual feeling-relationships toward other human beings. The minister spends the bulk of his vocational life within the context of interpersonal relationships. With one or two exceptions, the students wanted a closer look at themselves.

> "This was the most valuable part of the summer's experience in that I began to see myself as others see me."
>
> "Absolutely! Brought out prejudices I never knew I had, and showed me my compulsiveness."
>
> "This, very definitely, leading to a decision to undertake fairly extensive therapy with a competent psychiatrist which further clarified this self-recognition."

The minister occupies an authority role in the eyes of many individuals, and this, too, can be a problem when a minister has conflicts about his role as an authority. One student found specific help in this area:

> "Especially with respect to authority, and working through my feelings with people for whom *I* was authority."

Relationship between Theology and Pastoral Care. Twelve students and seven "part-time" students indicated that the general hospital training had been helpful in relating theology to pastoral care. Comments included the following:

"Made theology more living and vital."

"Yes, an increased appreciation of such a thing as grace through human relationships."

"Without C.P.T. my pastoral theology and theology courses would not have made any sense to me . . . I have been through an experience which has helped me to perceive the redemption and release we talk about . . . I have had to work through these things our professors are talking about . . ."

Negative replies were given by two students and one "part-time" student as follows:

"Only raised questions."

"No, except that it strengthened belief in place and need for sacramental application of Baptism, Communion, Unction and Penance."

Assistance in Pastoral Ministry to the Physically Ill. Twelve affirmative replies were received from students and nine such replies came from the "part-time" students. Students said the following:

"Has helped in understanding the various kinds of illnesses and their effects on the patient."

"Able to establish closer relationship with less time."

"A reminder to let them talk about it."

"Absolutely, I now enjoy my hospital calling more than any other calling on the parish."

"Feel more capable in the role of pastor—having had experience of C.T."

Pastoral Counseling Assistance. Thirteen students replied that the general hospital training had been helpful for their subsequent pastoral counseling and seven "part-time" students felt the same way. A few of the comments are as follows:

"Yes, again I learned to listen, detect feelings, and learn how Christianity bothers and affects people."

"Yes, particularly I believe I sense what is in people's thinking, how to help them talk about it, and not be afraid of what they will say."

"Helped me in personal problems so I am freer to help others." (Similar comments were made by several other students.)

Failures of Clinical Pastoral Training Program. Despite the opportunity given in this question for students to make criticisms of any aspect of the program, eleven of the students and seven of the "part-time" students said that it had been of genuine help or made no reply to this question. Three of the students and two of the "part-time" students indicated specific areas in which they would have appreciated additional help: theology and pastoral care, the use of the Sacraments, and preaching and pastoral care. One student replied:

"The program lacked challenge."

Another student commented:

> "I left C.P.T. with the idea that I had all the answers. Now, eight months later I see it was just a beginning."

Community Relationships with Doctors, Nurses, and Social Workers. Eleven of the students and seven of the "part-time" students replied enthusiastically that this area of training was very helpful as they moved into the parish ministry. Two students and one "part-time" student indicated that they had received some help but not as much as they had wanted, while one student replied that it had not been helpful. The students felt that they had profited from the insights of the other professions and that they had learned to work cooperatively with them.

Integration between Clinical Experience and Seminary Work. Nine of the students and seven of the "part-time" students replied that integration had taken place. Many of them indicated that it had been on a "self-help" basis, but some of them gave credit to the seminary curriculum and to individual professors, as the following comments indicate:

> "Largely through my own personal synthesis."
>
> "Yes, at Virginia Theological Seminary the courses in pastoral theology fit in perfectly and purposely with clinical pastoral training."
>
> "Not immediate, but it did occur through work with Seward Hiltner's courses."

Three students and one "part-time" student felt that there was no integration after their return to seminary.

Spontaneous Comments in Letters or on the Back of the Questionnaire. The following comments were not made in response to any question, but are indicative of the value which some of the students placed on their hospital experience. Students wrote the following:

> "There is no question in my mind that the experience is valuable and ought to be a part of the background of all pastors, to say nothing of chaplains. I personally would like to pursue the study further."
>
> "Thank you for the summer. I was discouraged with it at first. During my first couple of years in the ministry after graduation it didn't seem to be paying off. But more and more frequently I have been uttering little prayers of gratitude."

"Part-time" students included the following unsolicited comments:

> "I still rate it as valuable as any seminary course."
>
> "Personally, I think, as I look back, that my experience of one year at the hospital did more to help shape my ministry and clarify my role as a minister than did any courses at the seminary."
>
> ". . . before the student actually goes into clinical training experience too heavily he should be exposed to the counseling presuppositions and theories, psychiatric theory, and theology . . . He would then get more out of his actual training experience."

Limitations of the Investigation

The results of this investigation are valid for the slightly more than 50 per cent of the students who responded. Additional replies from students who had not responded were received after the completed study was mailed in mimeographed form to all of the students in each program. These additional personal and written comments made the investigator feel that few, if any, significant variations would be noted had the return rate been 100 per cent.

This investigation does not claim to measure the personal growth of the students in any of the areas under scrutiny, but it does reflect the students' evaluations of the hospital experience as having been a time of real growth for the overwhelming majority of the students. No claims are made concerning the effectiveness of these students in their actual pastoral relationships as compared with a control group who had had no such clinical pastoral training. This would be a significant area for further research, however.

Conclusions

The results of this investigation confirm the experience of the chaplain-supervisors that the theological students and pastors come to clinical pastoral training with questions about the role of the minister, with a real interest in understanding more about human behavior, especially their own, and with some problems about themselves in relationships with other people and with the other helping professions.

The themes of "self-insight" and "personal growth" occur so frequently in the results of this investigation and the one by Bruder and Barb that it becomes clear that the students find real help in the clinical pastoral training program. Could this same help be given within the context of the academic seminary program? In some areas, yes; in other areas, no.

The student's assumption of the pastoral role in ministering to people in crisis must take place where the people are located. The contacts with the helping professions take place best as both are concerned about a specific human being in trouble. The pastoral counseling of the student can take place in the seminary, provided there is a skilled person with the time to do it. Some professors of pastoral care feel, however, that the hospital experience is necessary before students recognize their own need for growth and help. The close supervision of a small group on an intensive basis could take place within the seminary walls, but the setting apart from the seminary and within an interdenominational group has some values difficult to duplicate within the campus life.

Clinical pastoral training has been in the vanguard of theological education in the field of pastoral care precisely because it has truly been con-

cerned with the "person" of the student. If seminaries could make pastoral counseling and psychotherapeutic assistance available to their students in the junior year, students would profit considerably in their seminary training and the chaplain-supervisor could also spend more time helping the student with the needs of the patients. There are a few very encouraging signs in this direction on the part of some seminaries.

A surprising result was noted in the comparison of the returns of the one-quarter students with those of the "part-time" students. Their evaluations of their training experience were consistently in agreement except in areas where the "part-time" students had little opportunity.

While it seems obvious to the supervisor who has had experience with both programs that the students in the "part-time" program have considerably less intensive interaction as a group and fewer staff and patient contacts, one cannot overlook the subjective valuations given by the "part-time" students. One possible explanation lies in the fact that the time for the supervisor-student conference is approximately the same in each type of program.

Several problems still challenge the clinical training movement. How can we better measure the effectiveness of clinical pastoral training so that we have more objective standards for comparison among the several varieties currently offered? How can the training center and the seminary together evaluate student needs so that, cooperatively, they can train a more adequate ministry? Is the "part-time" program a satisfactory alternative to the clinical pastoral training program lasting twelve weeks? Perhaps the time is now ripe for a comparative study of the six-week and the twelve-week programs, enlisting the cooperation of supervisors from the Institute of Pastoral Care and from the Council for Clinical Training!

It is unfortunate that the two recent studies in this field were begun at approximately the same time and yet in ignorance of each other until after the returns came back. It would be possible to evaluate the various types of institutions as training centers by utilizing the same measurement methods for various groups from a number of different kinds of institutional training centers, e.g., mental and general hospitals, correctional and penal institutions, and specialized institutions.

In summary, the students in this general hospital training program felt that this experience was an unusually rewarding one which provided them with the opportunity for growth in several areas of crucial importance for the training of the minister. The implications of some of the student comments would indicate that the help they received from this program was not available in the ordinary academic life of the seminary. They felt that the clarification of their role as minister, awareness of their own feelings as a person, the opportunity to minister to the physically ill, and their learning to work with other professions were among the unique aspects of the program.

BRIEF PSYCHOTHERAPY WITH THORAZINE

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More than 1,500 papers on the use of Thorazine have been written. The majority of these specify that it is a helpful drug, particularly in facilitating psychotherapy with mental patients. From Winkelman's early paper[1] in 1954 through recent studies such as that of Tenenblatt and Spagno[2] all investigators have stated the necessity for psychotherapy in conjunction with the use of Thorazine. However, there is little mention of any therapy being given, except in a few papers such as that of Sainz,[3] who treated neurotics of the obsessive-compulsive type. An interesting paper by Cowden *et al*[4] compared the socialization of patients in group therapy receiving concurrent Thorazine treatment with those receiving the drug alone as a control.

It was thought that perhaps the understanding of the term "psychotherapy" as an intensive regimen of five hours per week per patient was a concept which kept many patients from receiving therapy because of the well-known shortage of therapists.

I have found that a limited type of dynamically oriented psychotherapy made it possible to see 25 to 30 patients a week for periods of from three to six months. The results, from a study of two years' work with chronic female psychotic patients, would seem to make the report of the details of interest to many who would like to offer therapy but who are reluctant to undertake such a limited program.

Reprinted with permission from *Medical Annals of the District of Columbia,* Vol. XXVI, No. 5, May, 1957.

1 Winkelman, N. W., Jr., "Chlorpromazine in Treatment of Neuropsychiatric Disorders," *Journal of the American Medical Association,* CLV (1954), 18.

2 Tenenblatt, S. S. and Spagno, A., "Controlled Study of Chlorpromazine Therapy in Chronic Psychotic Patients," *Journal of Clinical and Experimental Psychopathology,* XVII (1956), 81.

3 Sainz, A., "Clinical Applications of Chlorpromazine in Psychiatry," in *Psychopharmacology,* Publ. No. 42, Washington: American Association for the Advancement of Science, 1956, pp. 39-59.

4 Cowden, R. C., Zax, M., Hague, J. R., and Finney, R. C., "Chlorpromazine: Alone and as an Adjunct to Group Psychotherapy in Treatment of Psychiatric Patients," *American Journal of Psychiatry,* CXII (1956), 898.

In the group of patients studied there were three modalities of treatment. These were individual, group, and the use of drugs alone. All of the patients received Thorazine on a level of 900 mg. a day for a period of eight weeks in the beginning to five and a half months. The average duration of hospital stay was over six years before the inception of treatment. Diagnostic categories reflected the usual chronic ward make-up with undifferentiated or catatonic schizophrenics representing two-thirds of the group and the paranoid group the other third. There were only three manic-depressive patients and three lobotomized patients in the total of 125 patients. Over two-thirds of the patients were perennial problems in hospital management because of recurrent hostile and aggressive behavior, and over one-half of the patients had been secluded a good part of the time for several years. Many of them had to be interviewed either in packs or with attendants present to prevent assaultive behavior when treatment was begun.

A carefully controlled program of treatment and observation on a treatment ward was set up to prevent or mitigate side-reactions and toxic complications. Nursing and attendant personnel were to observe and note all changes in patients on each shift.

Individual therapy was made available to two-thirds of the patients, and group therapy was offered to the rest. Individually the patients were seen one hour per week, and group therapy averaged two to three hours a week. Variations in time spent with individual patients occurred, since their need to talk or to be seen would fluctuate from week to week, and contact was maintained during disturbed periods.

This is certainly not adequate therapy as it is generally conceived according to analytic concepts, but it was undertaken because it was thought that all the patients possible had an equal right to the therapist's time.

The interviews were based on principles cited by Fromm-Reichmann,[5] Sullivan,[6] Alexander,[7] and others who have noted that certain changes are desirable in doing psychotherapy with psychotic patients:

1. The patient is kept within the therapist's range of vision and permitted to sit, stand, walk around, or lie on the floor.

2. The timing of interviews is flexible and varies in individual length and frequency according to the patient's needs; and they are terminable at her request. The therapist always sees a patient on any day she requests, even if for only a brief time.

3. Contact, even if nonverbal, is maintained during disturbed periods.

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[5] Fromm-Reichmann, F., "Notes on Development of Treatment of Schizophrenics by Psychoanalytic Psychotherapy," *Psychiatry,* XI (1948), 263.

[6] Sullivan, H. S., "Therapeutic Investigations in Schizophrenia," *Psychiatry,* X (1947), 121.

[7] Alexander, F.: *Fundamentals of Psychoanalysis;* Norton, New York, 1948.

4. Free association per se was not used; but directed associated thinking with regard to a specific problem, its origin, timing, etc., is used if direct questioning or spontaneous statements leave the matter unclear.

5. Tacit expectation of adult behavior is stressed, with careful limits as to the task of investigation. An awareness of regressive behavior is kept in mind but not stressed unless commented on by the patients, and as a rule is reacted to as directly as possible in a nonverbal manner.

The initial interviews were concerned, for the most part, with an attempt to have the patients verbalize their physical reactions to the drug and with a careful statement of what we hoped to do together. This task was an investigation of unsatisfactory life experiences in the past and present. By a review of the patient's past, warped patterns of behavior were brought out with possible reasons for their appearance. Then a search in the daily life of the patient to see how these warped patterns were still operative; and finally, through contact with the therapist, these patterns were made accessible to awareness and verbalized, and an attempt was made to substitute more satisfactory modes of behavior which were also socially acceptable.

Individual patients varied greatly in their ability to relate meaningful data about their past history, especially that prior to the onset of illness. However, communication with most revealed varying amounts of data which could be used to give the patient a socially communicable "reason for his breakdown." A great many patients revealed quite clear-cut defense mechanisms, both in the past and in on-going interpersonal situations with other patients and/or the therapist. These were presented to the patient as subjects for investigation, and meaningful insight often resulted. One patient, for example, had been troubled with visual hallucinations like "a bird fluttering in the corner of my eye" in moments of tension. This recurred on one occasion after six weeks of therapy, and the patient reconstructed the episode as follows: "I had just two cigarettes left for after dinner, and June asked me for one. I wanted to keep both of them, so I told her I was out. At this moment I saw the 'bird' and heard the voice say, 'Don't be afraid.' " When asked what thoughts had occurred to her about herself or the other patient, she said, "My first thought was I shouldn't be selfish. The second thought was, 'I'll bet she knew I had cigarettes anyway.' " With the recovery of these thoughts she verbalized quite clearly the relation between thoughts referable to self-depreciation by herself or others to the appearance of symptoms.

Working with these patients was fascinating because their symptoms altered in rapid progression like a recapitulation in reverse of the formation of personality defenses. The usual progression was from overt hostility or complete withdrawal through aggressive verbal behavior, suspicion, seductive testing, obsessive conformity, hypochondriacal preoccupation, and in favorable cases gradual growth of self-confidence, social adaptability, and insight.

Four general classes of transference distortion were seen: (1) a mutual participant in hallucinatory experience, (2) a punishing father figure, (3) a permissive authority figure, and (4) a possible seductor. It was thought that transference reactions were minimized by the technic of interviewing cited above. This was felt particularly desirable in paranoid patients with their fear of closeness. Patients gained marked relief, after sufficient testing of the therapist, in feeling free to verbalize such fears as those relating to homosexual trends and aggression to others.

It was found helpful to use a statement similar to, "Such feelings are within the normal range of feelings." Because of the surprise often greeting such an obvious statement it became abundantly clear that most of these patients had never felt secure enough with anyone to share such feelings and therefore to document their essential humanity.

A subjunctive mode of expression often seemed to help patients with feelings toward their mothers, something like, "Some people might feel your mother had not been helpful to you and didn't want you to grow up. She did the best she could, but perhaps that wasn't best for you."

The results obtained from the therapy described seem to reflect its value. Approximately 40 per cent of the patients in individual therapy showed marked improvement, with the development of varying degrees of insight. These patients are either discharged and working or are on extended visits. Twenty per cent of the patients seen individually showed improvement in social adaptability, with remission of psychotic content and behavior. The remainder showed an improvement in ward behavior only but were no longer problems in hospital management.

Of those patients receiving group therapy only one-third improved to the level of improved social adaptability and remission of symptoms, and the remainder displayed improved ward behavior. Of this group only six patients displayed the minimal insight of, "I guess I had a nervous breakdown."

A third group which could be used as a control refused to enter into any communication therapy. This group of twelve patients consisted of five who were unable to speak English, five who refused all efforts to be contacted or go to group, and two who remained mute. One of these patients showed improved ward behavior only, which persisted. The other showed some temporary abatement of overactivity and hostility, but soon regressed to a pre-treatment level when treatment stopped.

From a psychologic point of view the predominant effect of Thorazine seems to be a marked reduction in the time needed to integrate a therapeutic relationship. Without Thorazine the "testing period" in analytic work with chronic schizophrenic patients seems to be at least a year. In most cases with Thorazine this is a month or less. There is yet no consensus in the literature for the exact physiologic locus of action of

Thorazine, but its dominant effect seems to be on the hypothalamic and reticulospinal systems. Many remarks by patients and personal observations have led to the following working psychologic hypothesis. If anxiety is thought of as a mechanism designed to protect one from feeling an intolerable lowering of self-esteem, it distorts two classes of experience. The first type of distortion occurs with regard to our awareness of feelings within ourselves which we cannot tolerate, such as aggression to others. The second type of distorted experience is the recognition of disapproval from others. Thorazine seems to insulate the person, particularly against this second type of anticipated disapproval from others. A patient stated, "I don't know why, but it doesn't seem to matter too much what you might think if I tell how I feel. I know I shouldn't have these feelings about my mother, but I have."

The verbalization and acceptance of such hitherto uncommunicated feelings permitted an acceptance of a socially communicable rationalization for patients' past failures in living. With this explanation they again were ready to try more socially acceptable means of satisfaction and participate again in the human community. The human community, as has been noted by Overholser, is also more willing to accept the patient. "The community is at last developing an attitude of far greater tolerance toward the discharged mental patient, a greater readiness to accept him back into the community and into industry or his former occupation."[8]

This paper provides evidence of the value of brief psychotherapy based on dynamically oriented principles in conjunction with Thorazine. The psychologic effect may be thought of as a "damping" of anxiety induced by anticipated disapproval from others. This drug-induced anxiety-free period should be utilized to effect the greatest possible change in pathologic personality defenses.

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[8] Overholser, W., "Has Chlorpromazine Inaugurated a New Era in Mental Hospitals?" *Journal of Clinical and Experimental Psychopathology,* XVII (1956), 197.

RELIGIOUS HEALING: A MEDITATION

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Our Lord's ministry included a great deal of healing, judging from the accounts we have in the four gospels as well as in the Book of Acts. And historically the Christian Church has always sought to bring the resources of the Christian Faith to bear upon the sicknesses of individuals. How this has been done, however, has varied considerably. Both sacramental and non-sacramental means have been used. Special healing services and even healing shrines have come into being. Sacred objects have been used and exploited.

Is it God's will that everyone should be healed? Is illness to be equated with sin? Is our inability to get well simply a matter of insufficient faith? During the past two years quite a few books have been published on these questions. Several of our national magazines have carried articles—testimonials, really—on remarkable, religious cures.

Now what are we to make of all this? How much can we believe? How much do we *want* to believe? What are some of the theological implications inherent in some of these miracles?

First of all, it is obvious that God does not intend that our earthly bodies shall live forever. Death—as we know it in this present existence of ours—is part of the total plan. We may wish to postpone it but we can never hope to avoid it. Second, if we can influence God to intervene and alter situations, then it means that He is subject to us—rather than the other way around—and therefore can be manipulated. Such a God could no longer command our respect. Neither could we worship Him. Furthermore He would be a contradiction of all that we have learned through Christ. At the same time, however, we have been told—in fact, we have been *shown*—that God is not unmindful of our needs, He is not a cold, indifferent deity but rather a loving Father. And as such He surely is caught up with the tragedies and sorrows that are ours.

Therefore we can approach God with full confidence that He cares and that He will listen and that He will understand. This is why we should never hesitate to turn to Him for anything regardless of what

others think or say. And this applies to illness. Just as Jesus said, "O my Father, if it be possible, let this cup pass from me . . ." so too we should feel free to ask the same of God.

But we should remember the preface which Jesus included: "if it be possible." This did not reflect on God's powers but rather it meant—and still means—if it be compatible with the Divine plan, if it be in keeping with God's will. And then the second half of this verse—a saying, incidentally, which is found in all of the three synoptic gospels—also adds an important qualification; ". . . nevertheless not as I will, but as thou will." In other words the request is shared but God is not told what to do, in fact the petitioner insists that God's will shall come first.

As we reflect on all religious healing efforts it seems to me that three requirements stand out. First of all, religious healing should never be a substitute for adequate medical help. It must never become a question of either/or. Efforts at religious healing need not be delayed until all medical efforts have been tried. Neither, on the other hand, should medical help be withheld while religious assistance is being followed.

To reject medical knowledge is to reject wisdom, and to reject wisdom is to reject God. Furthermore to delay appropriate medical evaluation is to increase the hazard, because illnesses (such as cancer) that can be treated successfully in their earlier stages stand a far greater chance of being cured or corrected. On the other hand, postponement of adequate medical diagnosis and treatment may well be the equivalent of condemning a person to an unnecessary and premature death.

A second requirement for religious healing is the recognition of the various possible needs inherent in a sickness or illness, and that we cannot determine which of them God will seek to meet. For instance, one may be up against an acute illness with which the body can cope successfully when sustained and strengthened by medical and spiritual help. On the other hand one may be confronted with a long-term, chronic illness, and the need is primarily for strength with which to adjust to this added burden. Then again the problem may be that of a recognized terminal or fatal sickness, and the need this time is for courage and fortitude as one begins the slow vigil.

While a third requirement has already been mentioned, it deserves comment once again. Religious healing should never attempt to tell God what to do but rather help the individual to make that act of faith and put his life into God's hands so-to-speak, to let God tell *him* what to do. Then, in this new or closer relationship with God, one is able to make the adjustment to whatever is to be required of him. He is no longer trying to go it alone, but now seeks to cooperate with the inevitable, whatever that inevitable may be.

These things are easy to say and perhaps to accept while we are well

and free from the burden of illness. We are always in constant danger of being glib and over-confident. When, however, we are confronted with the stark reality of serious sickness, our desperation begins to challenge our reason, our sense of logic, and argument often becomes futile and cruel. But—as God has shown us—understanding love can sustain us, strengthen us, console us. In such times of trial we may find nourishment in these the first sixteen verses of Psalm 139.

O Lord, thou hast searched me out, and known me.

Thou knowest my down-sitting, and mine uprising; thou understandest my thoughts long before.

Thou art about my path, and about my bed; and art acquainted with all my ways.

For lo, there is not a word in my tongue, but thou, O Lord, knowest it altogether.

Thou hast beset me behind and before, and laid thine hand upon me.

Such knowledge is too wonderful and excellent for me; I cannot attain unto it.

Whither shall I go then from thy Spirit? or whither shall I go then from thy presence?

If I climb up into heaven, thou art there; if I go down to hell, thou art there also.

If I take the wings of the morning, and remain in the uttermost parts of the sea;

Even there also shall thy hand lead me, and thy right hand shall hold me.

If I say, Peradventure the darkness shall cover me; then shall my night be turned to day.

Yea, the darkness is not darkness with thee, but the night is as clear as the day; the darkness and light to thee are both alike.

For my reins are thine; thou hast covered me in my mother's womb.

I will give thanks unto thee, for I am fearfully and wonderfully made: marvellous are thy works, and that my soul knoweth right well.

My bones are not hid from thee, though I be made secretely, and fashioned beneath in the earth.

Thine eyes did see my substance, yet being imperfect; and in thy book were all my members written;

Which day by day were fashioned, when as yet there was none of them.

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EDITORIALS

The Institute for Advanced Pastoral Studies

In our winter issue of the *Journal* we carried the announcement of a most significant development in pastoral theology. This concerns the recently established *Institute for Advanced Pastoral Studies* under the direction of Dr. Reuel L. Howe, formerly Professor of Pastoral Theology at the Virginia Theological Seminary. It may well be that the advent of this Institute signals the next major development in the field of pastoral theology. We believe clinical pastoral training to be the most significant single development in theological education within the past few hundred years, and therefore such an opportunity for advanced learning, under competent and skilled leadership, constitutes an important step in bringing to fruition the aims of clinical pastoral training. This is a matter of real gratification to this *Journal,* concerned as we are with the promotion of all that can advance the goals of adequate preparation for pastoral care. Such a major venture, however, raises some very serious questions.

At the very outset one must be concerned about the leadership offered through such a project. It cannot and must not be less than that needed for the task. We see too many about us in the field of religion who use thought forms and language skillfully but convey little meaning or promote little interpersonal communication. In fact, this very skill in the use of language does more to confuse than to clarify the basic living issues with which we are all concerned.

There is every expectation that we can be confident of dynamic and understanding direction for this new Institute under the leadership of Reuel L. Howe. Dr. Howe has long been associated with the clinical

pastoral training movement. It was he who provided the initiative to develop the original Philadelphia Divinity School program which sought to integrate clinical experience into its theological curriculum. It was he who organized and brought into being the new clinical pastoral program at present in effect at the Virginia Theological Seminary. This seminary is the only one known to require at least three months of full-time study in an adequate clinical situation and under competent supervision. He has been a member of The Board of Governors of the Council for Clinical Training, Inc.; has written numerous articles and published *Man's Need and God's Action;* and has also contributed much to the new program of religious education which is making so significant an impact within the Protestant Episcopal Church.

Under Dr. Howe's direction we can look for significant and positive gains in the field of pastoral care. For not only has he had vast experience in educating for the pastoral ministry, but above all he has demonstrated that he has recognized the *relevance* of clinical understanding to the total task of theological education. Such understanding is unique among theological educators who are still prone to interpret training for pastoral counseling and pastoral care as *merely* needing the addition of further courses to our already over-burdened theological curriculum. This is a most necessary understanding to achieve Dr. Anton T. Boisen's great concern. Dr. Boisen was never anxious to add more courses to the theological curriculum, but has sought increasingly to convey a new point of view: that seminaries make clear the rich heritage of religious faith and practice through living personal encounter with people, and especially people in crisis. It is this which makes the experience *clinical* and gives the theological discipline *relevance.*

The very process of bringing together a small group of ministers who are concerned about the pastoral office offers great hope. Here we have an opportunity for sharing pastoral experience, something exceedingly rare in the history of pastoral practice. This is badly needed if we are ever going to come to the basic questions provoked by the real needs of the people we seek to serve.

It is also possible that such a coming together of concerned pastors can provide much clinical material out of which, in the future, we may be able to shed light on some currently perplexing questions. We know little today of what criteria are desired in the ideal pastor; indeed those who do the psychiatric-psychological screening of students for the ministry are hard-pressed to elicit the criteria desired in a good minister. And in the light of the pastoral demands made on the clergyman, are there any clues which might help us in recruiting the right kind of men for the ministry? We do not yet really know what we mean by pastoral counseling. How is it distinct from pastoral care and how differentiated from psychotherapy? What actually is the ministry of the pastor during the crisis situations of birth, puberty, marriage, sickness, old age and bereavement, to mention

only a few? How are the pastoral resources of prayer, scripture, doctrine, and counseling actually used? Wherein have our present understandings of clinical pastoral training and our programs been effective and wherein lacking as we have tried to prepare men for the pastoral office while in seminary? What relationships do existing programs and present clinical pastoral methods bear to the goals of The Institute for Advanced Pastoral Studies?

Dr. Howe's new project has entered upon an exciting new venture, and we wish it well. Predicated upon the existing needs in the field and the abilities of its Director, we anticipate a most signal contribution to the development of the *clinical* emphasis in theological education. It is the hope of the *Journal* Editorial Board that it can share with the Institute in making available to the theological world the experience and insights gained through its new venture; for it is our understanding that the experience of the Institute can in part provide the material which in turn will implement the *Journal's* editorial aims in "sharing experience and interpretation of pastoral work, interprofessional relationships, the theology of pastoral care and clinical pastoral training."

E. E. B.

BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

One Marriage Two Faiths: James H. S. Bossard and Eleanor Stoker Boll; Ronald Press, New York, 1957. 180 pp. $3.50.

In this reviewer's judgment *One Marriage Two Faiths* is by far the most helpful book available on the subject of so-called "mixed" marriages. The authors (both sociologists) have avoided technical jargon, complicated statistical data, and dull writing. Their attitudes, though objective and fair, are also understanding and sympathetic. They are ever mindful that a mixed marriage is not simply a sociological situation but particularly a deep concern for two sincere, interdependent persons.

Without denying or ignoring the reality and impact of the more readily recognized though secondary factors in mixed marriages, this study enables the reader to identify and appreciate the primary and basic cultural forces which buffet so many marriages today. The illusion that love will solve everything is dealt with sympathetically. The unreality with which unconsciously so many young people embark upon their first cruise on the sea of matrimony is accurately described.

All students and practitioners in the field of human relations will find this book to be of exceptional value. Those persons who are either contemplating or already immersed in a mixed marriage will also find understanding and strength. Certainly every clergyman and marriage counselor should own this book, and every parish library should have several copies.

ROLLIN J. FAIRBANKS

•

All the Sexes: George W. Henry, M.D.; Rinehart, New York, 1955. 588 pp. $7.50.

The author explains that the apparently facetious title is intended to express the conviction that all human beings can be classified along a graded scale from theoretical masculinity to theoretical femininity. In this sense, the title is apt. Some readers, however, may assume that Dr. Henry attempts a comprehensive view of these gradations. This he does not do, but writes almost exclusively of sex variants. In fact he devotes only two pages to the usual forms of heterosexuality. The rest of the book is almost entirely devoted to those persons who have deviated far enough to come to the attention of a court or a clinic. The title would be more accurate if it were *All the Variants.*

Dr. Henry demonstrates from his extensive practice that there is a continuum of variant patterns. He spaces his examples along a scale which includes every major type one would logically expect, strongly supporting his thesis of gradation. For anyone who may have assumed that homosexuality or exhibitionism or some other form of deviate behavior repre-

sents a static entity, this reviewer knows of no more convincing book to show that almost any sort of sexual versatility can be found.

There is full discussion of the many factors which have generally been held responsible for sexual problems, as well as a wide range of accompanying conditions. The author shows these in their developmental forms and patterns, both as individual cases and in their family relationships. He catalogues the social problems which they represent and describes their legal difficulties.

The method of presentation is largely that of case study. Each section begins with general comments about a topic followed by case information and then by anecdotes. Dr. Henry gives many leads for professional aid, both for prevention and rehabilitation. His discussion of clergy help is excellent. He shows that results have been good where pastoral efforts have had some acceptance. The Foreword by the late David E. Roberts adds to the value of the book for clergy, giving a perspective of clergyman-psychiatrist cooperation.

The book has some minor limitations. One is its almost exclusive attention to an urban group. This might be thought of as narrowing the group studies to those who have originated within the urban society and those who have gravitated to the large metropolitan center with its unique opportunities. The author does not point out that long-lasting variant adjustments are rare, but the case studies seem to indicate that such an inference is possible. It is a thoughtful selection of cases which can give the novice an idea of what a noted specialist has seen in a long practice.

ROBERT A. PRESTON

•

The Face of Violence: J. Bronowski; George Baziller, New York, 1955. 128 pp. $2.75.

The Face of Violence is the title of a radio play which was awarded the Italian Prize in 1951. It is a stirring and fascinating indictment of the social, political, and economic forces which produce violence, crime, and anti-social behavior of all kinds.

In the Preface to the play, the author (in the style of G. B. Shaw) traces in a most scholarly fashion the historical background for the theme of violence. The play itself is rather simple but highly dramatic and poetic. It traces the journey of an imaginary ex-serviceman who is seeking a symbolic figure of evil, a Mr. Crump, who turns out to be "an ordinary man," for "violence has a human face."

The author does not accept the notion of a destructive instinct to account for the capacities of violence found in the human species, but rather views such tendencies as a product of a society which, providing no outlet for the developing needs of the individual, defies authority in the multitude of ways that we call delinquent or criminal behavior. This theme could have been developed with equal force and validity if the author had chosen the American scene, where conformism and fear of expression of any individualistic differences of opinion in recent years has certainly played a large role in the

increased crime and juvenile delinquent behavior. Through his emphasis on defiance rather than violence, as instinctive human activity, he has exposed in a most inspiring way the dangers of forced conformity, intolerance for differences of opinion, and the inevitable concomitants of a "security oriented society" which allows for none of the necessary developments in the individual's growth from adolescence into manhood.

In the Preface, Mr. Baziller develops the theme of cruelty in man's behavior from the earliest rituals of saturnalia, to the massive crime stories and their literary accompaniments—the detective story. The focus of this historical study is to show how the degenerating society which fosters ruthlessness and conformity rests upon an irrational authority and encourages and produces these outbursts of violence.

In summary, the author's theme is that society forces rebellion. While primitive society allowed some outlet for the rebellious needs as in primitive rites of scapegoat kings or saturnalia, more recent societies have no outlets except picaro literature or detective stories, or the encouragement of criminal heroes. In recent years the bottled-up protests, defiance, and rebellion attach themselves to unscrupulous leaders who reach power by finding appropriate scapegoats. The dilemma, therefore, is the conflict between conformity and the expression of our individual selves. Thus, the author says, "the heart of our violence in act or feeling lies in the wish to show ourselves men with a will."

The play and the Preface constitute a powerful indictment of those social forces which leave no room for dissent and difference, and thus foster opportunities for outlets in crime. This is a play well worth reading and passing around.

LEON SALZMAN

•

Conscience and Compromise: Edward L. Long, Jr.; Westminster Press, Philadelphia, 1954. 160 pp. $3.00.

The subtitle, *An Approach to Protestant Casuistry,* indicates that Dr. Long's book is an attempt to rehabilitate a term which has long been a stumbling block for Protestants. It is a discussion of the necessity and difficulties of relating the Christian ethical imperative of love to the everyday decisions of personal and social life. Dr. Long affirms that the Christian gospel is not only the ultimate norm of judgment of all action, but also the demand and promise of creative obedience to this norm, a point that is often neglected in contemporary theology.

After criticizing the concealed casuistries of unrecognized compromise, redefinition of the norm, and sectarian rigorism, and the conscious casuistries of the catholic double standard and natural law and neo-orthodox dualism, Dr. Long suggests that the concept of "middle-axiom" as described by Oldham and Bennett is the most helpful approach in a Protestant casuistry.

According to Dr. Long, casuistry should be a dialectical process which must avoid the twin errors of withdrawal and accommodation, of perfectionism and adaptationism, of legalism and apostasy. The Christian must not withdraw from culture merely to maintain the purity of the Christian ethic,

nor must he identify himself completely with culture merely for the sake of effectiveness. In treating the content of casuistry, Dr. Long deals with personal, group, economic and power morality and offers suggestions on how to make Christian decisions on smoking, drinking, family and race relations, socialism, capitalism, politics, and war. In dealing with specific problems, however, he does not seem to make use of the concept of middle-axiom which he has suggested.

Although the author's definition of casuistry is considerably broader than that in the traditional catholic moral theology, it would have been very helpful if he had tried to relate his approach more carefully and thoroughly to the semi-reformed tradition of moral theology which is found in Anglicanism. In any case, his book is an excellent study in the theological basis and the practical application of Christian ethics. Since pastoral care must be concerned with moral guidance at some point, and not only with the dynamics of personality and the techniques of therapy, Dr. Long's book is a very helpful guide at just this point.

OWEN C. THOMAS

•

Eros and Civilization: Herbert Marcuse; Beacon Press, Boston, 1955. 277 pp. $3.95.

For this reviewer *Eros and Civilization* is a very disappointing book. In fact it is of no direct usefulness or relevance to the clergyman. Furthermore, it is no adequate introduction either to the work or to the contribution of Sigmund Freud. The author takes one unclinical hypothesis of Freud's, namely, ". . . that civilization requires the permanent subjugation of man's instinctual drives, the methodical sacrifice or deflection of libido—in short, the rigid restruction of the 'pleasure principle' "—and runs this into the ground. He believes that the very existence of civilization depends on the gradual abolition of instinctual constraint, on the strengthening of the life instincts, on the liberation of the culture-building power of eros.

Marcuse holds that the achievements of western civilization have created the preconditions for the emergence of a non-repressive civilization, and he attempts to show the sociological and psychological trends which make for such a development. This attempt is based on a restatement of Freudian theory as against the neo-Freudian schools (Erich Fromm, Karen Horney, Harry S. Sullivan, and others), which in Marcuse's view have abandoned some of the most decisive insights of psychoanalytic theory.

The author emphasizes that his study is intended as a contribution to the philosophy of psychoanalysis; it concerns itself exclusively with theory and avoids the consideration of psychoanalysis as a technical discipline (from summary on dust jacket).

One could not describe more clearly the basis for the speculative keenness and real weakness of this book. It is no secret that as much as Sigmund Freud was a genius in the diagnosis and interpretation of clinical evidence, he was weak, unrestrained and biased in his speculative afterthoughts, presumably based on his clinical findings. For this very reason, those of his followers who were not completely slavish in accepting all his notions had to reconsider Freud's conclusions in the light of their progressive clinical and

therapeutic experiences. Not so the author of this book, who starts at one of Freud's weakest points and proceeds from there in his theoretical attempt to base a reconstruction of modern society on an unrestrained instinctual self-realization without any consideration for the incontrovertible clinical evidence which has already disproved Freud's assumption. It does not seem to occur to Marcuse that even the well-functioning of the instinctual drives, apart from their harmonious integration into the whole personality or a constructive society, depends on an underlying and all-embracing meaning which the instincts can express but not create in their concrete and limited realm.

Where Freud originally attempted to govern the instinctual from the enlightened intellect, Marcuse, on the contrary, wants to structure man's humanity as well as civilization by means of the instinctual. One does not have to be a clinical psychotherapist in order to discern that Marcuse's vision is an utterly unrealistic and even unrealizable Utopia which is not human (and certainly not even animalistic)—merely the fruit of the speculative looseness of a man who thinks at his desk without being actually involved in the forceful interplay of interpersonal relations, not to speak of the real power struggles in our civilization.

HANS HOFMANN

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Holiness Is Wholesome: Josef Goldbrunner; Pantheon Books, New York, 1955. 63 pp. $1.75.

The author, a Jungian psychologist, is also an ordained priest. He has written a concise, yet very interesting account of the problem of asceticism in the Christian framework. From the orientation of a psychologist who is aware of the positive elements of total fulfillment of one's personality, he is able to raise serious questions about asceticism and mortification which once played such a large role in Christian thought and action.

Essays of this kind demonstrate rather clearly that the early Christian practices were based largely upon the mind-body or soul-body dichotomy that characterized Hellenic philosophy and permeated Christian theology as well as scientific philosophy until very recently. From this framework it was virtuous and saintly to abuse, deny, and derogate many biological and psychological needs in order to enhance the spiritual. The author, denying the mind-body dichotomy and moving from a more unified view of man's functioning and relationship to God, explores the notion that "Holiness is Health" and vice versa. He says: "Authentic sanctity is always bound up with an authentic human life and hence with the uniqueness, with the limited talents and potentialities of the individual."

In developing his thesis, the author has encouraged the notion that Christian ethics and morality must take account of the "natural or biological man" as well as the anthropological and existential issues in his existence. The advocacy and validity of certain religious practices then becomes authentic or spurious in accordance with the degree that they deny or enhance the "natural man."

This book should be welcomed in many theological circles in this country where there is a clear grasp of the necessity for viewing man as he is, not as he ought to be. It is a further statement of the value of psychiatric theory

and practice in theological inquiries and religious functions. It is recommended to theologians, psychologists, and psychiatrists.

LEON SALZMAN

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Pregnancy and Birth: Alan F. Guttmacher, M.D.; Viking Press, New York, 1957. 335 pp. $4.50.

The subtitle of Dr. Guttmacher's book (*A Book for Expectant Parents*) concisely describes its purpose. It is a complete textbook of obstetrics written for laymen and women. It is conservative, precise and helpful; and since Dr. Guttmacher is Director of Gynecology and Obstetrics at Mt. Sinai Hospital in New York and Clinical Professor of Obstetrics and Gynecology at Columbia Medical School, it is authoritative as well.

A partial list of subjects treated will show the extent of the book's scope. Among other things, it discusses in a lucid and straightforward manner the biological meaning of sex, impregnation, pregnancy, development of the fetus, sex determination, prenatal care, complications of pregnancy, delivery and its complications, obstetrical anesthesia, natural childbirth, postpartum care and the newborn infant.

There are two observations this reviewer would like to make about such a book. The first is that there is considerable difference of opinion among obstetricians as to the wisdom of giving their patients a book of this sort to read. Many high-strung women might be upset by the chapters on complications of pregnancy and delivery, and the section on congenital abnormalities. This is a general statement and is no reflection on the book itself because Dr. Guttmacher approaches these and similar subjects with a feeling for this difficulty. The converse of this objection is that the more people know, the less they worry, and this may possibly be the more accurate observation!

The other thing to say is specific to this book. Perhaps as befits a scientific textbook, there is in it nothing of the spiritual side of having a baby. There is no mention of the opportunities pregnancy gives for growth of love and understanding between husband and wife, no mention of the increase in maturity necessary for taking on the responsibility of a growing family, and nothing about the challenge which a newborn baby presents to its parents to teach it "to love those things which are true and pure and lovely and of good report." These are all terribly important aspects of a pregnancy and were they more generally publicized would certainly decrease much marital unhappiness, juvenile delinquency, and the number of divorces.

With these two reservations this reviewer heartily recommends the book. It is interestingly and well written; it has an excellent index! and the pen and ink drawings by Anthony Ravielli are clear and informative.

G. DOUGLAS KRUMBHAAR, M.D.

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Meaning and Content of Sexual Perversions: M. Boss, M.D.; Grune and Stratton, New York, 1949. 153 pp. $4.00.

An English translation of the original German edition which appeared in 1947, this book is admittedly comprehensive but by and large too technical for the clergyman. The author, although fully oriented in psychoanalysis, has also been influenced by Sarte's existentialism but prefers to ally himself with

Heidegger's *Daseinanalyse* or existential analysis. It is within this framework of thinking that he has sought to approach the problems of psychopathology as encountered in sexual perversion. The clinical illustrations represent exaggerated modes of behavior seldom encountered in pastoral counseling.

ROLLIN J. FAIRBANKS

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Understanding the Older Client: Marc H. Hollender, Lawrence Greenleigh, *et al;* Family Service Association of America, 192 Lexington Avenue, New York 16, 1955. 64 pp. 90 cents.

For the minister who has some acquaintance with the technical terminology of psychology or social case work and who is taking seriously the attempt to understand his older parishioners, this is one of the best resources in the field. It consists of nine articles reprinted from *Social Casework,* dealing with psychological aspects of aging and the implications of these aspects for therapy, counseling, nutrition, and education. These articles help us to take a more realistic attitude toward older people. Reactions to loss of self-esteem, to increased dependency needs, to the aging process itself, and to retirement are discussed. Techniques of working with older persons are related, and there are reports on some experiences with family life education, homemaker services, and a demonstration psychiatric conference. The alert minister will find something to underline on almost every page.

PAUL B. MAVES

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The Interpretation of Nature and the Psyche: C. G. Jung and W. Pauli; Pantheon Books, New York, 1955. 247 pp. $3.00.

Two long essays make up this fascinating book. One is by an eminent psychiatrist, and attempts to define extra-sensory perception (E.S.P.) phenomena, on psychological and scientific grounds. The other is by a Nobel prize winning physicist who attempts to define scientific phenomena on material based on intuition, rather than on the material of experience and the laws of causality.

This review is being restricted to the first essay (by C. G. Jung) because the reviewer is better acquainted with this material. Furthermore, the phenomenon of E.S.P. is of growing interest and importance to the science of psychology and to theologians, spiritualists, faith healers, psychics, and others who may be searching for a scientific rationale for their beliefs. E.S.P. has long interested those serious scientists who are willing to face and examine the possibility of acausal events. However, the ardor and naive enthusiasm of many non-scientists who see this yet unproven, unvalidated phenomenon as a rationale and explanation for the most diverse events, from spiritualism to the Holy Spirit, have certainly made the investigation of E.S.P. very difficult.

Jung attempts the investigation of extra-sensory perception by analyzing the concept of causality and postulating a psychological explanation. At the very outset, he distinguishes between events which are causally related, and those which have a meaningful cross connection but are not necessarily causally related. These may be more than mere coincidence, and Jung goes to some pains to distinguish between those coincidences which are lucky hits

and require no acausal explanation, and those meaningful coincidences which do require an acausal explanation.

He postulates the principle of synchronicity which, he explains, represents a hypothetical factor equal in rank to the concept of causality as an explanatory principle. This is an astounding and presumptive statement, since he has not proven its value or validity either as an explanatory or heuristic principle. In the synchronicity hypothesis, the factors of time, space, and energy are not involved, as they are in the causality principle. The principle of synchronicity is bound up in archetypal significance and is connected by meaning and simultaneity. A statistical, astrological study of birth dates and marital synchronicity is used to document the principle. The author justifies the use of astrology to document acausality, since he believes that numbers are archetypes because of their numinous quality. It would be far more convincing if Jung used a study of material derived from sources which do not already have a pseudo-scientific basis. This not only weakens his presentation but introduces factors which in themselves are held in considerable disrepute. In spite of the absence of any statistical correlation with his thesis, Jung insists that it has psychological validity since the exceptions are so important.

In dealing with the work of Professor Rhine at Duke University, Jung displays an uncritical attitude which exposes his strong "will to believe." He indulges in the same devices that characterize so much of the work in this field. He uses old wives' tales, hearsay evidence, sixth-hand stories of extraordinary coincidence, and completely unverified accounts of precognition and psychic events.

There is so much in this essay that is open to criticism. For example, there is Jung's use of statistical evidence for Rhine's work and yet the author denies the value of such evidence in his own astrological study. Perhaps this is a minor matter. His distinction, however, between coincidence and meaningful coincidence is so personal as to limit its usefulness entirely. Certainly there are many acausal events which require no explanation. Coincidences do occur. For instance, a train arrives just as we reach the station, or arrives late when we do. It rains on Sunday and not Monday when our picnic is washed out. These events can be understood as related to the winds, clouds, etc., and not to the importance of our plans. There are no causal explanations or even synchronous explanations for such. They are "just so." Jung's need to *explain* such events is apparently related to his need for final answers, even for events that are not necessarily relevant, connected, synchronous, or simultaneous.

In a most tortured, logical fashion he attempts to explain such events on the basis of the collective unconscious and archetypal symbols. He attempts to gain support for his thesis from ancient philosophers and theologians whose thinking was prescientific and naturalistic. Jung's approach is in the framework of 16th Century philosophy and psychology, and, as such, has little bearing on the problem of extra-sensory perception. The primitive mind, Jung says, would grasp the easily irreducible contingency (magic, etc.). This is true, for the scientific point of view was unknown to the primitive mind. But Jung's views are the outcome of his conception of the unconscious as having no organic substrate; it floats about as a psychic envelope in the ethereal

spaces between the cells or in the sympathetic system. This leads him to postulate that synchronistic phenomena may be events which have no causal relationship with organic processes and thus do not require the mediation of the brain. In this way, he has eliminated the brain as a center of cognition in acausal events, relegating it to the sympathetic system. This is a most interesting but totally hypothetical notion based upon nothing else but the necessity to explain events which need no further explanation.

This book will easily become required reading for psychics of all kinds—from the spiritualist to the faith healer who is looking for a scientific rationale for activities which neither require nor benefit from such rationale, since they need to stand on their own feet outside of science as metaphysical events based upon their own logic and necessity.

LEON SALZMAN

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Ministry and Medicine in Human Relations: edited by Iago Galdston; International Universities Press, New York, 1955. 173 pp. $3.50.

Medicine in a Changing Society: edited by Iago Galdston; International Universities Press, New York, 1956. 166 pp. $3.00.

These two volumes represent the New York Academy of Medicine Lectures to the Laity in two successive years. The first one, dealing with the affinity between Christian theology and witness and scientific medicine, should be of much greater interest to clergymen with such authors as Erich Lindemann, Otis Rice, and Paul Tillich presenting the pastoral care orientation, and men like Gregory Zilboorg, Leo Alexander, and Sandor Rado contributing from the medical field. The first half of the book deals with the subject of the title, while the last half is concerned with morals and moralism.

The second symposium tends to be scientifically more technical and therefore is probably not as helpful to readers of the *Journal.* However, two of the papers, Franz Alexander's "Adventure and Security in a Changing World" and John Rose's "Changes in Family Life and Mental Health," are provocative.

It is regretted that the sponsors did not include a transcript of the discussions of the conferences because there must have been much in what was said in the "give and take" which would have been enriching.

WILLIAM B. SPOFFORD, JR.

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A Handbook of Hospital Psychiatry, A Practical Guide to Therapy: Louis Linn, M.D.; International Universities Press, New York, 1955. 560 pp. $10.00.

The scope of this large volume is somewhat staggering but the structure which the author has so well provided keeps the book intact. There are five major divisions. The first deals with "The Treatment Program," outlining the various forms of therapy currently employed in psychiatric hospitals.

In the second section there is a discussion of "The Treatment Team," which includes the chaplain. The "most important role in the mental hospital," writes Dr. Linn, "is that of a religious leader and not at all as a psychotherapist in the secular sense of the word." This, he believes, requires not only special psychiatric training but also particular professional com-

petence as a minister. This reviewer regrets that the author's discussion of the chaplain's function is somewhat limited as well as authoritarian in tone.

Part III surveys the different patient groups. Here again the discussion is of a cursory nature, and the author's inclination to generalization may be slightly annoying to the specialist. The two final sections are directed to "The Hospital" and "The Community." The encyclopedic character of the book makes it a valuable reference for anyone dealing with hospital psychiatry.

CLEMENS E. BENDA, M.D.

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Brainwashing: Edward Hunter; Farrar, Straus, and Cudahy; New York, 1956. 310 pp. $3.75.

This is a most startling book about Communism and specifically the phenomenon it presented in those U. N. soldiers who either defected to the enemy or at least "aided and abetted" the cause against which the Free World fought in Korea. Also, it answers many of the half-forgotten questions about such widely reported prisoners of Communism as Cardinal Mindszenty, Robert A. Vogeler, Colonel Frank H. Schwable, Claude Batchelor, and William N. Oatis. However, the intended purpose of the author is to examine and diagnose the techniques of brainwashing, to recommend methods of checking the psychological offensive of the Communist planners, and to prescribe a mental hygiene which will safeguard future captives from the effects of scientific and systematic assault on their minds. In all of these aims Mr. Hunter is more than a little successful.

The book falls into four principal divisions. The first lays the foundation by defining brainwashing and describing the work of the Russian physiologist, Ivan P. Pavlov, upon whose studies of the conditioned reflex the Communist perversion of psychology is based. Then the framework is raised by recounting many examples of men who resisted the full impact of "mind attack." The analysis that follows finishes the structure, while the chapter, "How It Can Be Beat," is the trimming and furnishing that completes it and makes it useful. Such a book is, therefore, a digest of case studies in abnormal psychology. The Communists are resolved to re-form the minds of men so that they can create in the individual a condition whereby he loses control of his critical faculties "willingly" allowing his captors to manipulate him and to effect in the masses a condition of complete subservience.

The author is a journalist. He writes accordingly as one who reports events with the need to maintain interest but also with the advantage of having seen at first-hnd the developments which he chronicles. He interviewed most of the people who are subjects of his study and did his own research. The unfortunate result is that there is an unevenness about this book which could be the penalty for writing that has a deadline. Also, there is a piling up of incidents which need not be read in detailed fashion, and some small sections are more confusing than enlightening, being poorly written. Nevertheless, his analysis is creatively constructive. Here he pinpoints many of the elements that make up brainwashing, quotes extensively the conclusions of a psychiatrist about this material, and discusses the necessary qualities for survival in that strange, unworldly jungle of manufactured emotions and neuroses.

Now our military leaders face a new problem since they must plan to educate our future soldiers to be able to withstand this novel method of warfare. Chaplains in particular will be concerned both because of the welfare of their men and because the subject fits so neatly into the already established program of character education. A book like this is important to the clergyman since it informs him about a generally hushed-up topic which characterizes the Communist movement more plainly than weightier volumes. (Collateral reading would be Koestler's *Darkness At Noon,* and Orwell's *1984.*) However, its other diversified services even include helping the pastor to crystallize his own thinking about the essential elements of his ministry. For example, the learning of Bible passages by Sunday School children takes on a modern significance that becomes urgent.

GEORGE E. THOMAS

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The Give and Take in Hospitals: Temple Burling, Edith M. Lentz, and Robert N. Wilson; G. B. Putnam's Sons, New York, 1956. 355 pp. $4.75.

Carrying the sub-title, *A Study of Human Organization in Hospitals,* this research report (which was sponsored by the New York State School of Industrial and Labor Relations) evaluates the job categories and administrative procedures in modern hospitals. The authors look at the roles and decision-making areas of everyone from administrators to the orderlies and housekeeping help. The most helpful portions of the book deal with the various levels of status-feelings, and with emotional conflicts, attending professional and lay jobs. The modern hospital is seen as a "community within the broad community" with a class-structure and "pecking-order" of its own. Making the book of less value from our point-of-view is the lack of any attempt to evaluate the role of the institutional chaplain in the hospital's "give and take" structure. However it is a good book for clergymen and clinical training students to know, so that they may see their environmental setting as an interrelated community, having structure and cultural attributes, rather than a mere federation of allied disciplines and vocations.

WILLIAM B. SPOFFORD, JR.

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Guilt: Gerhard Ockel; Pendle Hill Pamphlet Number 61. Pendle Hill, Wallingford, Pennsylvania, October, 1951. 31 pp. 35 cents.

The author of this very stimulating study on guilt is a German physician and a Quaker. He has a thorough understanding of depth psychology. A delightful but penetrating modern fable which came out of post-war Germany forms the core of his dissertation.

Essentially, the author is dealing with the problem of good and evil and the process of redemption. The uniqueness of his approach centers in his consideration of the fruitful aspect of guilt. He speaks, for instance, of guilt as being the shadow side of love. Further, he sees love and guilt together as the necessary ingredients which bind our spiritual lives to God. The author induces the reader to examine himself critically without adding an even greater weight of guilt. Indeed, he points the way toward a healthy resolution of the burden of guilt.

HERMAN EICHORN

The Adolescent: Edited by Jerome M. Seidman; Dryden Press, New York, 1953. 768 pp. $4.50.

In *The Adolescent* the editor has brought together over sixty articles written by different authors, almost all psychologists, about the adolescent. These articles cover a very wide range of subjects. Each is an entity and, although most are brief and well written, they vary in quality and interest, making the book difficult to review.

The symposium is very long—750 pages—and not sufficiently integrated to be entirely suitable for parents, teachers, and clergymen, who need a systematized discussion of the behavior and reactions of individuals, and what to do about the various problems that arise. It does, however, contain some very good articles that will be helpful in this direction, such as "The Adolescent and His Happy Family," which gives a vivid picture of the problem that the adolescent has in emancipating himself from his parents, and provides constructive advice as to how parents should handle their end of this problem. The article on "The Course of Healthy Personality Development" also contains much useful information, and the chapter on "How to Be a Woman" should be very helpful to adolescent girls. Such chapters are interspersed among others that are pointed to the student and research worker.

The object of the book is to make it easier for students working in the field of human development to reach basic sources of information. It is therefore essentially a book of reference but as such it admittedly has certain deficiencies.

For instance, there is no discussion of the anxiety states, mood disorders, so frequent in adolescence and so important for parents, teachers, and all who deal with youngsters to understand. The various fears, worries, and work failures, which are easily misunderstood and which may be attributed to deep-seated psychological conflicts, are often caused by physiological dysfunctions.

The book is also open to the criticism that it contains no articles that provide much insight into psychoanalytical theories and findings. Yet to this reviewer, and perhaps to others, it is refreshing to find a book in this field that is free from psychoanalytic jargon and formulations.

G. COLKET CANER, M.D.

Counseling Psychology: Milton E. Hahn and Malcolm S. MacLean; McGraw-Hill Book Co., Inc., New York, 1955. 302 pp. $4.75.

The authors of this important volume have attempted a major revision of their earlier work, *General Clinical Counseling in Educational Institutions.* The fact that the first edition of this book appeared in 1950 gives some indication of the dynamic character of the discipline now generally referred to as counseling psychology.

This book gives a thorough survey of counseling psychology, its aims and its techniques. It offers the reader one of the few breakdowns of the differences and similarities between counselors, psychotherapists, and psychiatrists in terms of length of training, type of training, type of practice, theoretical orientation, length of internships, etc.

This is an attempt at defining a growing field and as such is limited in scope since it is too early to obtain a highly accurate and comprehensive definition.

The pastoral counselor may be somewhat disappointed in that he does not receive recognition in this volume; but this is perhaps to be expected in view of the fact that pastoral psychology has generally been psychiatrically oriented and usually has kept free of counseling psychology as defined here. However, the pastoral counselor who may wish to "hold his own" with the counseling psychologist, both in regard to training and education, will find in this book an excellent description of counseling psychology as viewed by the major stream of psychology today.

ORLO STRUNK, JR.

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The Advancement of Theological Education: H. Richard Niebuhr, Daniel Day Williams, and James M. Gustafson; Harper and Brothers, New York, 1957. 239 pp. $4.00.

Four years ago an intensive study of the graduate theological schools in the United States and Canada was begun by the American Association of Theological Schools and financed by the Carnegie Corporation of New York. This book is the final report of that study, having been preceded by a series of five bulletins issued between April, 1954, and April, 1956, and by the book, *The Purpose of the Church and Its Ministry, Reflections on the Aims of Theological Education,* published in April, 1956.

The purpose of the present work is to answer a need to gather information about the seminaries and to assess that information. After a brief discussion of the historical background of theological education, the book takes up recent trends in theological education and in its economics; problems of seminary government; the faculties; courses of study; theological teaching in classroom, field, and library; the present theological student; and the school as community. It concludes with a discussion of the lines of advance which embodies the recommendations for improvement, and with an Appendix dealing with the theological education of Negro ministers. The finished product is a tribute to the thoroughness with which the study was made and to the unquestioned concern of its authors for the bettering of the training for the ministry.

Yet, it is impossible not to feel that a thorough discussion of theological education in these two countries needs more than a conscientiously gathered body of facts and figures lucidly expressed, even more than an intelligent and concerned assessment of these facts. The key problem of the present seminaries is unquestionably the securing and maintenance of the ablest teachers possible. There certainly is need for continuing improvement of the physical facilities, for better methods of selecting students, for more effective teaching methods, for reorganization of the curriculum. But, as discussed in this work, these lines of advance move out from the center of theological education as now constituted. It is doubtful if these will satisfy those intelligent and concerned critics of theological education, many of them seminary graduates, who are troubled, and troubled deeply, about that very center. It is entirely possible that the real need of theological education now is for a radical ap-

praisal of that center with all its underlying premises. There are many danger signals flying: the fact that so many parish clergy turn their backs on serious theological reading after ordination, the widening gulf between clergy and laity with an increasing difficulty in communicating across that gulf, a dampening of the ardor with which many men come to the seminaries as they are made into "professional" ministers, the desire of all too many seminarians to get the course over with so that they "can get down to the job." These, and others which could be mentioned, indicate the need for a more searching analysis of theological education than this book could provide. They indicate that its authors may well be wrong in their assertion that the "next step in the advancement of theological education must be the better instruction of the churches in the meanings and problems of that enterprise." There are many who feel that the next step should be a frank and open-minded conversation between churches and seminaries, to determine together how the seminaries may best fulfill their purpose of training men to serve in the churches. There is wisdom in parsonage and pew as well as in administrative office and faculty meeting.

PITT S. WILLAND

OUR REVIEWERS

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CURRENT PERIODICAL LITERATURE

EDITED BY THE REV. JOSEPH FLETCHER

"Die seelsorgerliche Aufgabe und den sog. 'Mischehen'," by Thomas Kronholz, *Wege zum Menchen,* 9:10. October, 1957, pp. 337-343.

Pastoral care in mixed marriages (Mischehen) increases as such marriages multiply. The minister is certainly not to be a church functionary in relation to them; he has to seek an answer adequate to Christ's word. The first thing to see is that the *faith* of the partners is not mixed (Eph. 4.5 ff); they have the same apostolic creed. Then we must be clear that it is God who instituted marriage in his creation of man and woman, and the partners contract or establish it by union into "one flesh"—so that all external forms, political or ecclesiastical, are unimportant Biblically. Therefore all who unite physically are married before God and conscience; if they do not wed they are adulterers. Intercourse is not trivial or arbitrary; it obliges to holy marriage, as a permanent bond. The Roman Church has properly called marriage a sacrament, but it is in error in declaring a civil wedding invalid without a following church ceremony. By the same token it errs in calling invalid all ceremonies in non-Roman churches (*Corp. Jur. Can.* 1070.1). Paul, in I Cor. 7.10-15, advises Christians and pagan to stay together because the unbeliever is sanctified by the baptized one. Sometimes Protestants disdain the Roman partner, even when married and educated in their own churches; some ministers insist on converting them to the Protestant faith. In any case the Roman partner needs an active pastoral care. If he "comes over" he will require frequent Holy Communion, and often want confession beforehand. He may teach us something about conscientious preparation for the sacrament. He needs instruction about denominationalism and Mariology; we have to have more than a protest against mariolatrous notions. We have to remember that he has been taught that Protestant ministers lack authority and power. Pastoral care in these cases is impeded by too much prejudice and misunderstanding. Both Catholic and Protestant faith is centered in a confession of Jesus Christ; they should not fight on a level of worldly ecclesiastical associations and political parties. It is essential that we be *living* members of the body of Christ, and that we preserve and nurture all such.

KLAUS REBLIN

"Meditation on a Particular Death," anonymous, *Religion in Life,* Vol. 26, No. 4, Autumn, 1957, pp. 572-579.

The anonymous author of this article presents a rare piece of spiritual autobiography as he feels impelled to describe for others the transforming effect of the death of his academic colleague. He does not discuss death in general but deals with the particular death of one who was clearly his beloved friend and who greatly enriched the author's experience not only by his too-brief life but also by his sudden death. That death has understandably caused pain and suffering, but it has resulted also in unexpected insight into and firm conviction of certain religious truths.

This Christian author already believed in the future life, but by the death of his friend he has come first of all to a real understanding of "the communion of saints." All time is now related to the dimension of eternity. Because he is now closer to his departed friend's spirit than he ever was before, he can see that time and space are transcended by all believers. The death of the friend has changed the author's idea of death.

Secondly, there is comfort in the knowledge that, although his friend sufferred intense pain for at least the last two years of his life, that pain is now healed by the power and love of God.

In the third place, there was no doubt but that the professor had given himself so completely to the needs of his colleagues and pupils that he had in fact, his physical strength exhausted, "laid down his life for his friends." No one can be unmoved by such love, which points the way to the love of God in Christ.

Finally, in this death it has been possible to discover the meaning of the peace of God, which may become increasingly ours as we realize how it is enjoyed by those close to us who are now in God's nearer presence. Such peace is not static or negative or easy, but it is to be found through pain and sorrow.

In these ways death, which must seem to man to be only misery and destruction, becomes filled with indestructible meaning and unconquerable power and is a means of God's grace. Although this particular death may never in this life be fully understood, it becomes possible to give thanks to God for that which has brought pain only in order to create deeper joy.

HENRY M. SHIRES

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"Paradigmatic Psychotherapy in Borderline Treatment," by Marie L. Coleman and Benjamin Nelson, *Psychoanalysis,* Vol. 5, No. 3, Fall, 1957. pp. 28-44.

Exemplifying what the patient needs to see and accept, and not merely trying to "get it across" by interpretation, is the heart of this strategy of treatment. It has, besides Freud ("I visualize a second part of the method of treatment—provoking patients' feelings as well as their ideas"), such background in American sociology and psychology as Baldwin's "semblant behavior" and Cooley's "looking-glass self" and Mead's emphasis on role-playing, role-taking. Ordinary neurotics are able to perform psychosynthesis, but borderline people are not: persons with defective ego functioning are like children, they must be shown! Therapists can offer themselves as models for introjection and identification, for example, by demonstrating ego functions the patients do not have. This strategy requires the therapist or counselor to adopt many different stances as developments indicate. Thus a latently homosexual patient who is repudiating her feminine role of motherhood, but conflicted about it, is at some moment told by the therapist that she can't be a good mother, and her surprise leads to acceptance of feminine goals. Another patient, afraid he is crazy, is finally accused of talking crazily and disjointedly; he then sets out to show the therapist he is *not* disjointed and develops well away from confabulation. Still another, suffering from a tyrannical superego and scrupulosity, when told that he ought to pay the

highest possible fee to his therapist because he is unable to stop worrying about what *proportion* to pay, manages at last to work it out. To the charge that this technique violates therapeutic neutrality, the answer is that borderlines are chaotic and the "violation" is a contribution to the cure process. To the charge that it provides the therapist with a medium for his own hostility, the results show that on the contrary patients are grateful and forgiving. To the charge that it is a deception, the answer is that "complete honesty" in therapy is an abstract ideal, not realistic.

JOSEPH FLETCHER

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"How the Sick View Their World," by Henry D. Lederer, M.D., *Pastoral Psychology,* Vol. 8, No. 74, May 1957, pp. 41-49.

The pattern of the sick person's response to the initial symptoms is often his characteristic mode of reaction to anxiety. The curtailment of the life routines which provide for satisfaction of needs and defenses against anxiety serves to compound it and add frustration. Masculinity or femininity is often threatened. Guilt and fantasies of wrath and rejection are found. Often neurotic symptoms disappear because their claims have been legitimatized. With the beginning of therapy the patient must face an unknown area, often impersonalized, plus the paradox that to be relieved he may have to suffer. With the acceptance of illness comes the withdrawal from adult responsibilities and activities [or a greater demand upon adulthood and responsibility—E.T.], an arrangement which may be very regressed and infantile. The main features of his behavior are: (1) *egocentricity,* which renders him provincial and highly subjective in judging the events occurring around him, (2) *constriction of interests,* which is due partially to the reduced scope of his world and to his regressed narcissism, (3) *emotional dependency,* with which may come much ambivalence toward the benefactors, and (4) *hypochondriasis.* It is conceivable that through social and emotional regression the person redistributes his energies to facilitate the healing process, or possibly the regressive integration itself is an essential factor in the healing process. Getting well physically must be associated with the patient's relinquishing his dependent, egocentric, and provincial reactions. The process should be gradual. Often it is found that an earlier neurosis has been revived by the trauma of illness. The original behavior patterns of childhood are often reactivated during the period of regression, and so are the patterns of growing up in convalescence, i.e., rebelliousness. For most, health and adulthood are preferred to illness and regression.

EDWARD TULIS

NOTES AND COMMENTS

The Sixth National Conference on Clinical Pastoral Education will be held in Plymouth, Massachusetts, at the Mayflower Hotel, beginning June 10 with dinner and continuing through an afternoon session on June 12. The theme of the Conference will be "Clinical Pastoral Education—Sharing in the Churches' Concern for the Pastoral Ministry." It is open to all those *actively concerned* with clinical pastoral education. The major address will be presented by the Rev. Samuel H. Miller, whose subject will be "Pastoral Experience and Theological Education." Dr. Miller's paper will be discussed by Dr. Joseph F. Fletcher, Dr. Otis A. Maxfield, and the Rev. Homer Jernigan. Following presentation of papers, the Conference will be led in group discussions by nationally recognized leaders in the field. Further information may be obtained from the Chairman of the Program Committee, the Rev. Carl R. Plack, 2633 Sixteenth Street, N. W., Washington 9, D. C.

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The Training Department of the American Foundation of Religion and Psychiatry announces a new course entitled "Clinic of Pastoral Counseling," which will be held at 3:00 p. m. at 3 West 29th Street, New York 1, on the following Thursdays: March 13, April 10, May 8, and June 12. At these sessions clergymen, rabbis, and priests are invited to present problems from their own parishes. The teaching staff of the Foundation, under the co-chairmanship of the Rev. Frederick C. Kuether, Director of Training, and Herbert Holt, M.D., Training Analyst, will offer skilled diagnosis and consultation.

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The Oregon Council of Churches, in cooperation with the Oregon Mental Health Association, the State Board of Health, and the State Hospital in Salem, is conducting a workshop on "The Pastor and Mental Health" at the Hotel Gearhart near Portland from May 5 through May 8. The major speaker will be the Rev. Ernest E. Bruder, Coordinator of the Chaplain Services Branch, Saint Elizabeths Hospital, Washington, D. C., who will deliver the following addresses: "The Minister and the Psychiatrist: Areas of Mutual Concern," "Mental Health and Spiritual Maturity," "Recognizing the Symptoms of Serious Emotional Disorders," "The Church as a Resource for Mental Health," and "A Summation of the Conference Emphasis." Many related topics will be discussed within the workshop.

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The Sixteenth Annual Session of the Yale University Summer School of Alcohol Studies will be in session from June 29 through July 24, 1958. For information concerning admission and academic credit write to Registrar, Yale Summer School of Alcohol Studies, 52 Hillhouse Avenue, New Haven, Connecticut.

The Good Citizen in the Good Society, a 70-page pamphlet edited by Benson Y. Landis of the National Council of Churches and released in November by the National Conference of Christians and Jews, is designed to give the point of view of organized religion on contemporary issues. Available at 25 cents from the National Conference of Christians and Jews, 43 West 57th Street, New York City. Human Relations Aids Program Packets are designed to keep the subscriber abreast of the best of the new educational materials in the field of mental health, family life, and human relations. Available from Human Relations Aids, 1790 Broadway, Room 713, New York 19, at $7.00 annually (6 packets).

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Under the auspices of the Life History Study Center, the Sulphur Mountain Conference will be devoted to the problems of illegitimacy in the hope that a face-to-face small-scale conference can draw plans for mutual help among those who are so born or who are otherwise closely related to the problem. A planning conference will be held in April and a work conference in June at the Center, P. O. Box 457, Ojai, California, and at Sulphur Mountain, Ojai.

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